

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90252 028 ****70.00

DOCUMENT # 713571

1. Entity Name

THE FLORIDA ORCHESTRA, INC.

Principal Place of Business

Mailing Address

101 SOUTH HOOVER BLVD
 SUITE 100
 TAMPA FL 33609
 US

101 SOUTH HOOVER BLVD
 SUITE 100
 TAMPA FL 33609
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1223691

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEVER, CHRISTINE A
101 S HOOVER BLVD STE 101
TAMPA FL 33609

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **TD**
 STREET ADDRESS **NESS, DAVID**
 CITY-ST-ZIP **P.O. BOX 14407**
ST. PETERSBURG FL 33733-4407

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **FOX, VICKI**
 CITY-ST-ZIP **1388 BRIGHTWATERS BLVD., N.E.**
ST. PETERSBURG FL 33704

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **C**
 STREET ADDRESS **MURRAY, RAYMOND**
 CITY-ST-ZIP **5301 W CYPRESS ST #307**
TAMPA FL 33607

TITLE ☒ Change ☐ Addition
 NAME **D** (NEW A DIRECTOR NOT)
 STREET ADDRESS **CHAIRMAN**
 CITY-ST-ZIP **NAME & ADDRESS SAME AS BUD. P.E.**
PETERSBURG, FL 33704

TITLE ☐ Delete
 NAME **VCD**
 STREET ADDRESS **BETZER, SUSAN DR**
 CITY-ST-ZIP **461 SEVENTH AVE. S.**
ST. PETERSBURG FL 33701

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **ASCHOM, KENNETH A**
 CITY-ST-ZIP **4524 WEST CULBRETH AVE.**
TAMPA FL 33609

TITLE ☐ Change ☒ Addition
 NAME **CHAIRMAN**
 STREET ADDRESS **FISCHER, DAVID**
 CITY-ST-ZIP **1345 BRIGHTWATERS BLVD. N.E.**
ST. PETERSBURG, FL 33704

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **ELLWANGER, THOMAS**
 CITY-ST-ZIP **502 S. FREMONT AVE., APT. 635**
TAMPA FL 33606-4302

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **ZIMMERMAN, DAVID**
 CITY-ST-ZIP **101 E. KENNEDY BLVD. SUITE 1500**
TAMPA, FL 33602-5147

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1/10/02

CR2E037 (9/01)