

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713978

1. Entity Name

THE TAMPA ORATORIO SOCIETY, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90046 049 ****61.25

Principal Place of Business

P.O. BOX 5124
 TAMPA FL 33675-5124
 US

Mailing Address

P.O. BOX 5124
 TAMPA FL 33675-5124
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6201219

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCOTT, ROBERT T
 7601 PINEHILL DRIVE
 TAMPA FL 33617

7. Name and Address of New Registered Agent

Name JAMES R BRYSON
 Street Address (P.O. Box Number is Not Acceptable)
PO BOX 5124 2018 Highland Ave
 City CLEARWATER FL Zip Code 33755

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 JAMES R BRYSON

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

9-7-00

DATE

FILE NOW: FEE IS \$61.25
 After September 13, 2000 min. will be \$236.25

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	BRYSON, RANDY	
STREET ADDRESS	2018 HIGHLAND AVE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SELPH, FRANK JR	
STREET ADDRESS	5107 RIVER BLVD.	
CITY-ST-ZIP	TAMPA FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	ALLEN, BETTY	
STREET ADDRESS	17735 DORMAN RD.	
CITY-ST-ZIP	LITHIA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bryson, Randy	
STREET ADDRESS	2018 Highland Ave	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	Vice President V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dyer, Barry	
STREET ADDRESS	1501 Hacienda Dr	
CITY-ST-ZIP	Sub City Center FL 33522	
TITLE	Treas T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pereira, Catherine	
STREET ADDRESS	4206 W. Estrella St.	
CITY-ST-ZIP	Tampa, FL 33629	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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
JAMES R BRYSON

9-12-00

727-539-5295

Date

Daytime Phone #

CR2E037 (5/00)