

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90401 034 ****61.25

DOCUMENT # 713978

1. Entity Name

THE TAMPA ORATORIO SOCIETY, INC.

Principal Place of Business

Mailing Address

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

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

Zip

Country

Zip

Country

4. FEI Number

59-6201219

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

BRYSON, JAMES R
2018 HIGHLAND AVENUE
CLEARWATER FL 33758

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 **VD** ☒ Delete
 NAME **BRYSON, RANDY**
 STREET ADDRESS **2018 HIGHLAND AVE**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE **PD** ☒ Change ☐ Addition
 NAME **Bryson, James R**
 STREET ADDRESS **2018 Highland Ave**
 CITY-ST-ZIP **Clearwater, FL 33755**

TITLE **PD** ☒ Delete
 NAME **SELPH, FRANK JR**
 STREET ADDRESS **5107 RIVER BLVD.**
 CITY-ST-ZIP **TAMPA FL**

TITLE **VD** ☒ Change ☐ Addition
 NAME **Dyer, Barry**
 STREET ADDRESS **1501 Hacienda Dr**
 CITY-ST-ZIP **Sun City Center, FL 33573**

TITLE **T** ☒ Delete
 NAME **ALLEN, BETTY**
 STREET ADDRESS **17735 DORMAN RD.**
 CITY-ST-ZIP **LITHIA FL**

TITLE **T** ☒ Change ☐ Addition
 NAME **Perena, Catherine**
 STREET ADDRESS **4206 W. Estrella**
 CITY-ST-ZIP **Tampa, FL 33629**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 4-30-01 722-539-5295

CR2E037 (10/00)