

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2002 8:00 am**  
**Secretary of State**

09-08-2002 90128 011 \*\*\*\*61.25

**DOCUMENT # 713978**

1. Entity Name

**THE TAMPA ORATORIO SOCIETY, INC.**

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

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**

~~2010 HIGHLAND AVENUE~~ **4315 WORTHINGTON CR.**  
~~CLEARWATER FL 33758~~ **PALM HARBOR, FL**  
**34685**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **BRYSON, JAMES R**  
CITY-ST-ZIP **2010 HIGHLAND AVE.**  
**CLEARWATER FL 33755**

TITLE ☒ Change ☐ Addition  
NAME **4315 WORTHINGTON CR**  
STREET ADDRESS **PALM HARBOR, FL 34685**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **VD**  
STREET ADDRESS **DYER, BARRY**  
CITY-ST-ZIP **1501 HACIENDA DR.**  
**SUN CITY CENTER FL 33573**

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

TITLE ☒ Delete  
NAME **T**  
STREET ADDRESS **PEREIRA, CATHERINE**  
CITY-ST-ZIP **4206 W. ESTRELLA**  
**TAMPA FL 33629**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **TREASURER**  
STREET ADDRESS **KATHERINE J. BLUMENBERG**  
CITY-ST-ZIP **7627 CORTEZ COURT**  
**TAMPA, FL 33615-2923**

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: **KATHERINE J. BLUMENBERG**  
**8/4/02** **813-961-0094**

CR2E037 (4/02)