

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735593

1. Entity Name

THE TEAGUE CHORAL BOOSTERS, INC.

Principal Place of Business

Mailing Address

1350 MCNEIL RD.
ALTAMONTE SPRINGS FL 32714
US

1350 MCNEIL RD.
ALTAMONTE SPRINGS FL 32714-5439
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

NOT APPLICABLE

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

DAWN, FARACASI
1350 MCNEIL RD.
ALTAMONTE SPRINGS FL 32714

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 V ☐ Delete
NAME FARACASI, DAWN
STREET ADDRESS 1350 MCNEIL RD.
CITY-ST-ZIP ALTAMONTE SPGS FL 32714

TITLE PD ☐ Change ☒ Addition
NAME QUINN, TANYA
STREET ADDRESS 104 Beaufort Dr.
CITY-ST-ZIP Longwood, FL 32779

TITLE PD ☒ Delete
NAME MANTEL, ZENAI
STREET ADDRESS 230 SELKIRK WAY
CITY-ST-ZIP LONGWOOD FL

TITLE TD ☐ Change ☒ Addition
NAME Parker, Jackie
STREET ADDRESS 338 Amesbury Ct.
CITY-ST-ZIP Longwood, FL 32779

TITLE SD ☒ Delete
NAME KRUSE, CARLOYN
STREET ADDRESS 141 HOLDERNESS DR.
CITY-ST-ZIP LONGWOOD FL

TITLE SD ☐ Change ☒ Addition
NAME Klein, Mildred
STREET ADDRESS 1010 Paces Circle #212
CITY-ST-ZIP Apopka, FL 32703

TITLE TD ☒ Delete
NAME THOMSON, CAROL
STREET ADDRESS 102 ROMMEY MARSH RD.
CITY-ST-ZIP LONGWOOD FL

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90032 026 ****61.25



DO NOT WRITE IN THIS SPACE

SIGNATURE REQUIRED Jackie Parker

2-4-00

407-774-6838