

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735593

1. Entity Name

THE TEAGUE CHORAL BOOSTERS, INC.

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90039 040 ****61.25

Principal Place of Business

Mailing Address

1350 MCNEIL RD
ALTAMONTE SPRINGS FL 32714
US

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

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

TITLE PD
NAME WEISSTEN, SANDRA ☒ Delete
STREET ADDRESS 154 ACADEMY OAKS PL
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE PD
NAME Hall, Kim ☒ Change ☐ Addition
STREET ADDRESS 490 Wekiva Cove Rd.
CITY-ST-ZIP Longwood, FL 32779

TITLE TD
NAME PARKER, JACKIE ☒ Delete
STREET ADDRESS 338 AMESBURY CT
CITY-ST-ZIP LONGWOOD FL 32779

TITLE TD
NAME Green, Kathie ☒ Change ☐ Addition
STREET ADDRESS 361 Kapok Ct.
CITY-ST-ZIP Longwood, FL 32779

TITLE SD
NAME KLEIN, MILDRED ☐ Delete
STREET ADDRESS 1010 PACES CIR #212
CITY-ST-ZIP APOPKA FL 32703

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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:

DAWN FARACASI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/02 # (407) 320-1469

Date

Daytime Phone #

CR2E037 (9/01)