

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736815

1. Entity Name

OKALOOSA SYMPHONY ORCHESTRA, INC.

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

09-11-2000 90009 018 ****61.25

Principal Place of Business

38 SW ROBINWOOD DR.
 FT WALTON BCH FL 32548
 US

Mailing Address

155 COUNTRY CLUB RD
 SHALIMAR FL 32579
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1696559

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

7. Name and Address of New Registered Agent

DALE, JACK N M
 155 COUNTRY CLUB RD
 SHALIMAR FL 32579

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
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD
 NAME MITCHELL, MIKE
 STREET ADDRESS 616 PELICAN DR.
 CITY-ST-ZIP FORT WALTON BEACH FL 32547 ☐ Delete

TITLE D
 NAME DALE, JANE K
 STREET ADDRESS 155 COUNTRY CLUB RD
 CITY-ST-ZIP SHALIMAR FL 32579 ☐ Change ☒ Addition

TITLE D
 NAME BARLOTTA, NICHOLAS
 STREET ADDRESS 22 WRIGHT DR
 CITY-ST-ZIP MARY ESTHER FL 32569 ☐ Delete

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

TITLE PD
 NAME DALE, JACK
 STREET ADDRESS 155 COUNTRY CLUB RD.
 CITY-ST-ZIP SHALIMAR FL 32579 ☐ Delete

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

TITLE VD
 NAME GODUTO, TOM
 STREET ADDRESS 2105 TOM ST.
 CITY-ST-ZIP NAVARRE FL ☒ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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

JACK N M DALE
 JACK N M DALE

9-9-00

Date

850-651-5049

Daytime Phone #

CR2E037 (5/00)