

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State
 05-07-2001 90059 002 ****61.25

DOCUMENT # 736815

1. Entity Name

OKALOOSA SYMPHONY ORCHESTRA, INC.

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1696559

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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

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

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

TITLE **D** ☐ Delete
 NAME **DALE, JANE K**
 STREET ADDRESS **155 COUNTRY CLUB ROAD**
 CITY-ST-ZIP **SHALIMAR FL 32574**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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 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:

JACKSON M. DALE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-01

Date

850-651-5049

Daytime Phone #

CR2E037 (10/00)