

2000 UNIFORM BUSINESS REPORT (UBR)

4/20

FILED

Jul 21, 2000 8:00 am
Secretary of State

04-20-2000 90029 007 ****61.25

DOCUMENT # 742980

1. Entity Name

LAKE BRANTLEY CHORAL BOOSTERS, INC.

Principal Place of Business

Mailing Address

991 SAND LAKE RD
ALTAMONTE SPRINGS FL 32714

991 SAND LAKE RD
ALTAMONTE SPRINGS FL 32714-7055

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

DOUCE, TED
991 SAND LAKE 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 TED DOUCE

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	PT.	NAME	MONTEL, ZENaida P	DELETE
STREET ADDRESS			230 SELKIRK WAY	
CITY-ST-ZIP			LONGWOOD FL 32779	
TITLE	VT	NAME	WALDOFF, CINDY	DELETE
STREET ADDRESS			118 DUNCAN AVE.	
CITY-ST-ZIP			LONGWOOD FL 32779	
TITLE	ST	NAME	GROSS, EVA	DELETE
STREET ADDRESS			501 BLUE LAKE DRIVE	
CITY-ST-ZIP			LONGWOOD FL 32779	
TITLE	T	NAME	JACKSON, PATTI	DELETE
STREET ADDRESS			221 SHADOWSWAY BLVD S	
CITY-ST-ZIP			LONGWOOD FL 32779	
TITLE		NAME		DELETE
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		DELETE
STREET ADDRESS				
CITY-ST-ZIP				

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		NAME	GRAHAM, CAROL	CHANGE
STREET ADDRESS			233 NOB HILL CIRCLE	
CITY-ST-ZIP			LONGWOOD, FL 32779	
TITLE		NAME	WALDOFF, CINDY	CHANGE
STREET ADDRESS			118 DUNCAN AVE.	
CITY-ST-ZIP			LONGWOOD, FL 32779	
TITLE		NAME	ST CAROL KRUSE	CHANGE
STREET ADDRESS			141 HOLDERNESS DRIVE	
CITY-ST-ZIP			LONGWOOD, FL 32779	
TITLE		NAME	PATTI HOUSLEY	CHANGE
STREET ADDRESS			221 SHADOWSWAY BLVD S	
CITY-ST-ZIP			LONGWOOD, FL 32779	
TITLE		NAME		CHANGE
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:

CAROL L. GRAHAM CAROL L. GRAHAM 4/13/00

407-788-1015

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (9/99)