

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742980

1. Entity Name

LAKE BRANTLEY CHORAL BOOSTERS, INC.

Principal Place of Business

991 SAND LAKE RD  
ALTAMONTE SPRINGS FL 32714

Mailing Address

991 SAND LAKE RD  
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90019 048 \*\*\*\*61.25

0022107

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

DOUCE, TED  
991 SAND LAKE RD  
ALTAMONTE SPRINGS FL 32714

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 **VD** ☒ Delete  
NAME **WALDOFF, CINDY**  
STREET ADDRESS **118 DUNCAN AVE.**  
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **ST** ☒ Delete  
NAME **GROSS, EVA**  
STREET ADDRESS **501 BLUE LAKE DRIVE**  
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **D** ☒ Delete  
NAME **JACKSON, PATTI**  
STREET ADDRESS **221 SHADOWSWAY BLVD S**  
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **JP** ☒ Delete  
NAME **GRAHAM, CAROL D**  
STREET ADDRESS **233 NOB HILL CIR**  
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **ST** ☐ Delete  
NAME **KRUSE, CAROL**  
STREET ADDRESS **141 HOLDERNESS DR.**  
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **V/D** ☒ Change ☐ Addition  
NAME **Lachtara, Tina**  
STREET ADDRESS **1 Orangewood Ct.**  
CITY-ST-ZIP **Apopka, FL 32703**

TITLE **S/D** ☒ Change ☐ Addition  
NAME **Scully, Carolynn**  
STREET ADDRESS **2929 Pine Ave.**  
CITY-ST-ZIP **Apopka, FL 32703**

TITLE **P/D** ☒ Change ☐ Addition  
NAME **Weisstein, Sandy**  
STREET ADDRESS **154 Academy Oaks Pl.**  
CITY-ST-ZIP **Altamonte Springs, FL 32714**

TITLE **T/D** ☒ Change ☐ Addition  
NAME **Kruse, Carol**  
STREET ADDRESS **141 Holderness Dr**  
CITY-ST-ZIP **Longwood, FL 32779**

TITLE ☐ Change ☐ Addition  
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

*Sandy Weisstein* SANDY WEISSTEIN 4/30/01 407-774-4308

CR2E037 (10/00)