

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90028 044 ****61.25

DOCUMENT # 748348

1. Entity Name

BEL CANTO SINGERS, INC.

Principal Place of Business

Mailing Address

918 PINEAPPLE ROAD
 SOUTH DAYTONA FL 32119-2543

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 SOUTH DAYTONA FL 32119-2543

714657



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1954899

Applied For

Not Applied

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

ROGERS, JUDSON
918 PINEAPPLE ROAD
SOUTH DAYTONA FL 32119

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	D	<input type="checkbox"/> Delete
NAME	ROGERS, JUDSON	
STREET ADDRESS	918 PINEAPPLE ROAD	
CITY-ST-ZIP	SOUTH DAYTONA FL 32119	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DAN, HUGUELY	
STREET ADDRESS	1105 MORGAN RD.	
CITY-ST-ZIP	PORT-ORANGE FL 32119	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CYNTHIA HANSEN CARA	
STREET ADDRESS	449 W. RICH AVENUE	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WM G.S., BROWN	
STREET ADDRESS	1100 FERNWOOD CIR.	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	S	<input type="checkbox"/> Delete
NAME	CAROL, LENLEAVE	
STREET ADDRESS	5819 SPRUCE CREEK WOODS DR.	
CITY-ST-ZIP	PORT ORANGE FL 32169	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BARBARA, LIES C	
STREET ADDRESS	4320 SEA MIST DR.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> A
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> A
NAME	FREMONT, EVELYN	
STREET ADDRESS	62 RAVENWOOD DR.	
CITY-ST-ZIP	PORT ORANGE, FL 32119	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> A
NAME	GRETCHEN MARZ	
STREET ADDRESS	937-E MEADOW VIEW DR	
CITY-ST-ZIP	PORT ORANGE, FL 32127	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> A
NAME	WM. CORY JEFFRIES	
STREET ADDRESS	PO BOX 4284	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> A
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> A
NAME	JEANE SCHULER	
STREET ADDRESS	808 PARK AVE.	
CITY-ST-ZIP	DELEON SPRINGS, FL 32130	

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 11, as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED JUDSON ROGERS 2-8-00 (904) 767-2