

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

0008855

DOCUMENT # 748348

1. Entity Name

BEL CANTO SINGERS, INC.

02-13-2001 90004 045 ****61.25

Principal Place of Business

**918 PINEAPPLE ROAD
 SOUTH DAYTONA FL 32119-2543**

Mailing Address

**918 PINEAPPLE ROAD
 SOUTH DAYTONA FL 32119-2543**

813806



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 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

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T. GEORGE PAINTER	
STREET ADDRESS	1005 HILL ST	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *George Painter* **GEORGE PAINTER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E037 (10/00)