2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Checket 22 **DOCUMENT # 769952** May 15, 2000 8:00 am 1. Entity Name Secretary of State BONITA SPRINGS CHORUS, INC. 05-15-2000 90152 009 ****61.25 Mailing Address Principal Place of Business % ANNE NELESEN % ANNE\NELESEN 18114 ADAMS CIRCLE, SE FORT MYERS EL 33912 18114 ADAMS CIRCLE. SE FORT MYERS FL 33912-3051 2. Principal Place of Business HUSTOFFI rE DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2327717 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7.-Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) nelesen, amne 18114 ADAMS CIRCLE, SE FORT MYERS FL-33912 City 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 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be **FILE NOW:** Trust Fund Contribution. П Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. TITLE TITLE PD **X** Delete SHIELL, GEORGE BUTE. ARLENE NAME 216 ORANGETREE LANE TERO FL. 33928 CFI2E037 STREET ADDRESS 815 GULF PAVILION DR 102 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34108 ☐ Change ☐ Addition TD ☐ Delete TITLE TITLE BELT, JOHN F. NAME STREET ADDRESS 130 FAIRWAY CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34110 ☐ Addition ☐ Change SD ☐ Delete TITLE ANDERSON, OLGA NAME STREET ADDRESS 605 PALM VIEW DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34110 Addition SD. . , , , TITLE TITLE 又 Delete JUDGE, MAUREEN LAKE 21686 FOUNTAIN LAKE ESTERO FL 33928 GARCIA, CELIA NAME NAME STREET ADDRESS STREET ADDRESS 22077 SEA SHORE CIR CITY-ST-ZIP CITY-ST-ZIP ESTERO FL 33928 Delete **VPD** TITLE NAME SEGES, PHIL NAME STREET ADDRESS 25802 COCKLESHELL 114A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BONITA SPRINGS FL 34135** ☐ Addition CD TITI F **NELESEN, ANNE (CHAIRMAN)** NAME STREET ADDRESS STREET ADDRESS 18114 ADAMS CIRCLE SE CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33912 12. I hereby certify that the information supplied with this filling 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 address, with all other like exprowered.

SIGNATURE: