

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90049 022 \*\*\*\*61.25

**DOCUMENT # N00000006780**

1. Entity Name

**OPERA FEST OF FLORIDA, INC.**

Principal Place of Business

**1860 CLEARBROOKE DRIVE  
 CLEARWATER FL 33760**

Mailing Address

**12 CLEARWATER MALL  
 UNIT 232  
 CLEARWATER FL 33764**

2. Principal Place of Business

**10365 Ulmerton Rd  
 Suite, Apt. #, etc.  
 # 62**

3. Mailing Address

**2945C East Bay Dr  
 Suite, Apt. #, etc.  
 #124**

City & State

**Largo, FL 33771**

City & State

**Largo, FL 33771**

Zip

**33771**

Country

**Pinellas**

Zip

**33771**

Country

**Pinellas**

4. FEI Number

**59-3676316**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134**

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 **PD** ☐ Delete  
 NAME **PRINGLE, WILLIAM H**  
 STREET ADDRESS **1860 CLEARBROOKE DRIVE**  
 CITY-ST-ZIP **CLEARWATER FL 33760**

TITLE **VSD** ☐ Delete  
 NAME **PEARSON, CUPIE**  
 STREET ADDRESS **1860 CLEARBROOKE DRIVE**  
 CITY-ST-ZIP **CLEARWATER FL 33760**

TITLE **VTD** ☐ Delete  
 NAME **HUTEK, SHELIA M**  
 STREET ADDRESS **1860 CLEARBROOKE DRIVE**  
 CITY-ST-ZIP **CLEARWATER FL 33760**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
 NAME **William H. Pringle**  
 STREET ADDRESS **10365 Ulmerton Rd.,**  
 CITY-ST-ZIP **Largo, FL 33771**

TITLE **VSD** ☒ Change ☐ Addition  
 NAME **Holly Stevens**  
 STREET ADDRESS **1405 Regal Rd**  
 CITY-ST-ZIP **Clearwater, FL 33756**

TITLE **VTD** ☒ Change ☐ Addition  
 NAME **Shelia M. Hutek**  
 STREET ADDRESS **2344 Surrey Lane**  
 CITY-ST-ZIP **Clearwater, FL 33763**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 persons so empowered.

**SIGNATURE: William H. Pringle, President**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Feb 2, 2001**

**(727) 501-0095**

Date

Daytime Phone #

CR2E037 (10/00)