

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

06-04-2003 90100 042 *****61:25
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DOCUMENT # *N02000005184*

1. Entity Name

The Orlando Children's Choruses, Inc.



FILED

03 JUN 30 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
939 Ferncreek Avenue

3. Mailing Address
P.O. Box 547395

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number

30-0178899

Applied For

Not Applicable

Zip
32803

Country
USA

Zip
32854

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Kimberly Squire**

Street Address (P.O. Box Number is Not Acceptable)

14252 Weymouth Run

City **Orlando**

FL

Zip Code
32828

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Kimberly Squire

5/30/03

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when restructuring)

DATE

FEE US \$81.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	Evans, Scott
STREET ADDRESS	939 Ferncreek Avenue
CITY-ST-ZIP	Orlando FL 32803
TITLE	D
NAME	Jacobs, Ira M
STREET ADDRESS	1844 Bachman Way
CITY-ST-ZIP	Winter Park FL 32792
TITLE	D
NAME	Minear, Carolyn
STREET ADDRESS	2820 Rapidan Trail
CITY-ST-ZIP	Maitland FL 32751
TITLE	D
NAME	Squire, Kimberly
STREET ADDRESS	14252 Weymouth Run
CITY-ST-ZIP	Orlando FL 32828
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Kimberly Squire **KIMBERLY SQUIRE**

5/30/03

407-275-5291

SIGNATURE AND TYPED OR PRINTED NAME OF SERVING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/02)