

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/24.

**FILED**  
**Feb 28, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90068 029 \*\*\*\*61.25

<b>DOCUMENT # N02292</b> 1. Entity Name <b>FESTIVAL OF ORCHESTRAS, INC.</b>			
Principal Place of Business <b>1900 N. MILLS AVE., STE. 6 ORLANDO FL 32803</b>		Mailing Address <b>1900 N. MILLS AVE., STE. 6 ORLANDO FL 32803</b>	
2. Principal Place of Business <b>1353 PALMETTO AVE</b> Suite, Apt. #, etc. <b>SUITE 100</b>		3. Mailing Address Suite, Apt. #, etc.	
City & State <b>WINTER PARK, FL</b>		City & State	
Zip <b>32789-4947</b>		Country <b>ORANGE</b>	
4. FEI Number <b>59-2416916</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RIZZO, JOSEPH J 1900 N. MILLS AVE., STE. 6 ORLANDO FL 32803</b>		7. Name and Address of New Registered Agent  <b>1353 PALMETTO AVE. SUITE 100 WINTER PARK FL 32789-4947</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW: FEE IS \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE <b>PD</b> NAME <b>RIZZO, JOSEPH J</b> STREET ADDRESS <b>2125 NORTH HAMPTON CIRCLE</b> CITY-ST-ZIP <b>WINTER PARK FL 32782</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>CHAIRPERSON DIRECTOR</b> NAME <b>RUBY HOMAYSI LCDR, MSC, USN (RLT)</b> STREET ADDRESS <b>1409 BYLEWOOD ST.</b> CITY-ST-ZIP <b>FAIR PARK, FL 32730</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>CEO</b> NAME <b>RIZZO, JOSEPH J</b> STREET ADDRESS <b>2125 NORTH HAMPTON CIRCLE</b> CITY-ST-ZIP <b>WINTER PARK FL 32782</b>	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>SD</b> NAME <b>LAWRENCE, JAMES L</b> STREET ADDRESS <b>5900 LAKE ELLENOR DR</b> CITY-ST-ZIP <b>ORLANDO FL 32809</b>	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>TD</b> NAME <b>FOOTE, ROGER</b> STREET ADDRESS <b>7800 SOUTHLAND BLVD.</b> CITY-ST-ZIP <b>ORLANDO FL</b>	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS <b>709 WEST OAK RIDGE ROAD</b> CITY-ST-ZIP <b>ORLANDO, FL 32809</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE <b>TD</b> NAME <b>NICHOLAS H. STESHAK</b> STREET ADDRESS <b>3086 WOOLRIDGE DRIVE</b> CITY-ST-ZIP <b>ORLANDO, FL 32837-9075</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <b>SIGNATURE REQUIRED</b> <i>[Signature]</i> <b>2/26/03</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

CR2E037 (10/02)