

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02540

1. Entity Name

HIGHLANDS DELTA CHORALE, INC.

Principal Place of Business

2810 SUMMIT DR.
SEBRING FL 33870
US

Mailing Address

2810 SUMMIT DR.
SEBRING FL 33870-2317
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3011834

Applied For

Not Applicable

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

DISLER, MICHAEL M
329 S. COMMERCE AVE.
SEBRING FL 33870

Name

MICHAEL M. DISLER

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

329 S. COMMERCE AVE.

City

SEBRING

FL

Zip Code

33870

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

Michael M. Disler

4-7-00

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 ☐ Delete
NAME TD
STREET ADDRESS CARSON, AUDREY
CITY-ST-ZIP 4520 VIVIAN DR.
SEBRING FL 33872

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

TITLE ☐ Delete
NAME SD
STREET ADDRESS MEYER, DIANA
CITY-ST-ZIP 2810 SUMMIT DR.
SEBRING FL 33870

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

TITLE ☒ Delete
NAME PD
STREET ADDRESS STIRLING, SNYDER
CITY-ST-ZIP 3115 GROVE AVE.
AVON PARK FL 33825

TITLE ☐ Change ☒ Addition
NAME PRESIDENT
STREET ADDRESS RALPH SIGRIST
CITY-ST-ZIP 3729 SUNBIRD CIRCLE
SEBRING, FL 33870

TITLE ☐ Delete
NAME D
STREET ADDRESS SAMMER, MURIEL
CITY-ST-ZIP 201 E CAMPHOR ST
AVON PARK FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 other like empowered.

SIGNATURE:

Michael M. Disler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/00 863 314 9051

CR2E037 (9/99)