

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2001 8:00 am**  
**Secretary of State**

01-24-2001 90003 035 \*\*\*\*61.25

**DOCUMENT # N11987**

1. Entity Name

**SARASOTA CHORUS, INC., SWEET ADELINES INTERNATIO**

Principal Place of Business

Mailing Address

629 CALLE DEL OTONO  
 SARASOTA FL 34242  
 US

PO BOX 18463  
 SARASOTA FL 34242

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

**59-6166249**

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

**BENSON, PAT**  
**3675 COUNTRY PLACE BLVD**  
**SARASOTA FL 34233**

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

*Pat Benson*

**PAT BENSON**

**01/11/2001**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	<del>FENNESSY, NANCY L</del>	
STREET ADDRESS	7125 FRUITVILLE RD SITE 140	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BENSON, PAT	
STREET ADDRESS	3675 COUNTRY PL. BLVD.	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MANVILLE, NANCY	
STREET ADDRESS	7340 PINE NEEDLE RD	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	S	<input type="checkbox"/> Delete
NAME	ALEXANDER, ROBERTA	
STREET ADDRESS	3300 S OSPREY AVE., APT 205B	
CITY-ST-ZIP	SARASOTA FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	SCHMIDT, SALLY	
STREET ADDRESS	4502 PAWNEE TR	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EICHAR, FLORENCE	
STREET ADDRESS	7125 FRUITVILLERD SITE 140	
CITY-ST-ZIP	SARASOTA, FL 34240	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORA MURPHY	
STREET ADDRESS	3360 BAYOU GATE	
CITY-ST-ZIP	LONG BOAT KEY FL 34228	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, ROBERTA	
STREET ADDRESS	629 CALLE DEL OTONO	
CITY-ST-ZIP	SARASOTA, FL 34242	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Sally Schmidt* **RESALTSCHMIDT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/11/01** **94.922.0978**

CR2E037 (10/00)