

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

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90257 016 ****61.25

0081358

DOCUMENT # N11987

1. Entity Name
**SARASOTA CHORUS, INC., SWEET ADELINES INTERNATIO
NAL**



Principal Place of Business
**4009 CROCKERS LK BLVD
1213
SARASOTA FL 34238
US**

Mailing Address
**PO BOX 19463
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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHMIDT, SALLY
4502 PAWNEE TR
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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **FEY, MARGARET**
STREET ADDRESS **4009 CROCKERS LK BLVD #1213**
CITY-ST-ZIP **SARASOTA FL 34238**

TITLE **PD** ☒ Change ☐ Addition
NAME **Jennifer Raulerson**
STREET ADDRESS **3916 Pin Oaks St.**
CITY-ST-ZIP **Sarasota, FL 34232**

TITLE **VD** ☐ Delete
NAME **CALLAHAN, PATRICE**
STREET ADDRESS **1233 SEA PLUME WAY**
CITY-ST-ZIP **SARASOTA FL 34242**

TITLE **VD** ☐ Change ☒ Addition
NAME **CLARK, JEAN**
STREET ADDRESS **91637 SINGLETARY RD.**
CITY-ST-ZIP **MYAKKA CITY FL 34251**

TITLE **SD** ☐ Delete
NAME **RYCYK, AMANDA**
STREET ADDRESS **7102 JARVIS RD**
CITY-ST-ZIP **SARASOTA FL 34241**

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

TITLE **S NORMAN** ☐ Delete
NAME **VIGGIANO, DOLORES**
STREET ADDRESS **5161 ISLAND DAT ST**
CITY-ST-ZIP **SARASOTA FL 34232**

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

TITLE **T** ☐ Delete
NAME **SCHMIDT, SALLY**
STREET ADDRESS **4502 PAWNEE TR**
CITY-ST-ZIP **SARASOTA FL 34233**

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:

SIGNATURE REQUIRED

4/21/03 941.922.0978

CR2E037 (10/02)