

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20837

1. Entity Name

CHARLOTTE SYMPHONY SOCIETY, INC.

**FILED**  
**Feb 21, 2000 8:00 am**  
**Secretary of State**

02-21-2000 90017 015 \*\*\*\*61.25

Principal Place of Business

Mailing Address

SHERI STREET SW  
SUZY FL 34366

P O BOX 7052  
PORT CHARLOTTE FL 33949-7052  
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

59-2029342

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

Name

DONALD STUART

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

22427 DELHI AVE

City

PT. CHARLOTTE

FL

Zip Code

33952

JONES, MELISSA  
18501 MURDOCK CIRCLE  
SIXTH FLOOR  
PORT CHARLOTTE FL 33948

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 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**

OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

ADDRESS	ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
D	JONES, MELISSA 18501 MURDOCK CIR 6TH FL PORT CHARLOTTE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	RINEHART, DAWN 21298 OLEAN BOULEVARD PORT CHARLOTTE FL 33949-4028	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	STUART, DONALD 22427 DELHI AVE PORT CHARLOTTE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	HUFF, LYNN 20996 EXMORE AVENUE PORT CHARLOTTE FL 33952	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
PD	GATEFF, ANN K 27406 MISTY AVENUE PUNTA GORDA FL 33982	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	HAUK, JANITA 12626 SHERI STREET S.W. LAKE SUZY FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	BEVIS, ALAN 2851 DEBORAH DR PUNTA GORDA FL 33950	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

*Donald Stuart*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-1-00 941-743-0004

CR2E037 (9/99)