

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90069 017 ****61.25

0070498

DOCUMENT # N20837

1. Entity Name

CHARLOTTE SYMPHONY SOCIETY, INC.

Principal Place of Business

12626 SHERI STREET SW
 LAKE SUZY FL 34366
 US

Mailing Address

P O BOX 7052
 PORT CHARLOTTE FL 33949-052
 US

646151



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2029342

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**STUART, DONALD
 22427 DELHI AVE
 PORT CHARLOTTE FL 33952**

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

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 **D** ☒ Delete
 NAME **JONES, MELISSA**
 STREET ADDRESS **18501 MURDOCK CIR 6TH FL**
 CITY-ST-ZIP **PORT CHARLOTTE FL**

TITLE **PD** ☐ Change ☒ Addition
 NAME **RICHARD ADOMATIS**
 STREET ADDRESS **125 ROSELLE CT**
 CITY-ST-ZIP **PT. CHARLOTTE FL 33952**

TITLE **TD** ☐ Delete
 NAME **STUART, DONALD**
 STREET ADDRESS **22427 DELHI AVE**
 CITY-ST-ZIP **PORT CHARLOTTE FL**

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

TITLE **SD** ☒ Delete
 NAME **HUFF, LYNN**
 STREET ADDRESS **20996 EXMORE AVENUE**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE **SD** ☐ Change ☒ Addition
 NAME **HOLLINGER, KATHY**
 STREET ADDRESS **366 SEVERIN RD**
 CITY-ST-ZIP **PT. CHARLOTTE FL 33952**

TITLE **PD** ☐ Delete
 NAME **GATEFF, ANN K**
 STREET ADDRESS **27406 MISTY AVENUE**
 CITY-ST-ZIP **PUNTA GORDA FL 33982**

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

TITLE **HD** ☐ Delete
 NAME **HAUK, JANITA**
 STREET ADDRESS **12626 SHERI STREET S.W.**
 CITY-ST-ZIP **LAKE SUZY FL**

TITLE **VD** ☐ Change ☒ Addition
 NAME **ANNE SIMPSON**
 STREET ADDRESS **421 PIREBALL CT**
 CITY-ST-ZIP **PUNTA GORDA FL 33950**

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:

Donna J. Huffer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/1

Date

625-5996

Daytime Phone #

CR2E037 (10/00)