

2002 UNIFORM BUSINESS REPORT (UBR)**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**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2029342**Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **ADOMATIS, RICHARD**
STREET ADDRESS **125 ROSELLE CT**
CITY-ST-ZIP **MERRITT ISLAND FL 32952**TITLE **TD** ☐ Delete
NAME **STUART, DONALD**
STREET ADDRESS **22427 DELHI AVE**
CITY-ST-ZIP **PORT CHARLOTTE FL**TITLE **SD** ☐ Delete
NAME **HOLLINGER, KATHY-**
STREET ADDRESS **366 SEVERIN RD**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**TITLE **PD** ☐ Delete
NAME **GATEFF, ANN K**
STREET ADDRESS **27406 MISTY AVENUE**
CITY-ST-ZIP **PUNTA GORDA FL 33982**TITLE **VD** ☐ Delete
NAME **HAUK, JANITA**
STREET ADDRESS **12626 SHERI STREET S.W.**
CITY-ST-ZIP **LAKE SUZY FL**TITLE **VD** ☐ Delete
NAME **SIMPSON, ANNE**
STREET ADDRESS **421 FIREBALL CT**
CITY-ST-ZIP **PUNTA GORDA FL 33950**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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)(l), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90115 027 ***61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)