

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37651

1. Entity Name

TAMPA BAY CHILDRENS'S CHORUS, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90041 026 ****70.00

Principal Place of Business Mailing Address
 407 BILTMORE AVE 407 BILTMORE AVE
 UNIVERSITY OF SOUTH FLORIDA UNIVERSITY OF SOUTH FLORIDA
 TAMPA FL 33617 TAMPA FL 33617-7207
 US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3000938 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AVERILL, SUMMER
 407 BILTMORE AVE
 DEPT. OF MUSIC
 TAMPA FL 33617

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]* JOHN PEURUNG Treasurer 5/1/00
 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

TITLE	ED	<input checked="" type="checkbox"/> Delete
NAME	BANKS, MARILYN	
STREET ADDRESS	5119 LONGFELLOW	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	MYRBACK, ELAINE	
STREET ADDRESS	4515 W. DALE AVE	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input type="checkbox"/> Delete
NAME	AVERILL, SUMMER	
STREET ADDRESS	407 BILTMORE AVE	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	D	<input type="checkbox"/> Delete
NAME	CURRIER, JOHN	
STREET ADDRESS	300 APACHE TRAIL	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEURUNG, JOHN	
STREET ADDRESS	3734 COLD CREEK DR	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	D	<input type="checkbox"/> Delete
NAME	CISSNA, KENNETH P	
STREET ADDRESS	6833 QUAIL HOLLOW BLVD	
CITY-ST-ZIP	WESLEY CHAPEL FL 33544	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRIER, John	
STREET ADDRESS	300 APACHE TRAIL	
CITY-ST-ZIP	BRANDON, FL 33571	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Louain Craft	
STREET ADDRESS	400 N. ASHLEY DR.	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pam Antinori	
STREET ADDRESS	118 Adriatic Ave	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATHY FOUNTAIN	
STREET ADDRESS	3213 W. KENNEDY BLVD	
CITY-ST-ZIP	TAMPA, FL 33609	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JOHN PEURUNG Treasurer 5/1/00 813 275-3112
 Date Daytime Phone #

CR2E037 (9/99)