

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37651

1. Entity Name

TAMPA BAY CHILDRENS'S CHORUS, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90172 038 ****61.25

Principal Place of Business

407 BILTMORE AVE
 UNIVERSITY OF SOUTH FLORIDA
 TAMPA FL 33617
 US

Mailing Address

407 BILTMORE AVE
 UNIVERSITY OF SOUTH FLORIDA
 TAMPA FL 33617
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

PO BOX 273750

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33688

Country

USA

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, 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 C ☐ Delete
 NAME C URRIER, JOHN
 STREET ADDRESS 300 APACHE TR
 CITY-ST-ZIP BRANDON FL 33511

TITLE D ☐ Delete
 NAME CROFT, LAURAIN
 STREET ADDRESS 400 N. ASHLEY DR
 CITY-ST-ZIP TAMPA FL 33602

TITLE D ☐ Delete
 NAME AVERILL, SUMMER
 STREET ADDRESS 407 BILTMORE AVE
 CITY-ST-ZIP TAMPA FL 33617

TITLE D ☒ Delete
 NAME CURRIER, JOHN
 STREET ADDRESS 300 APACHE TRAIL
 CITY-ST-ZIP BRANDON FL 33511

TITLE D ☐ Delete
 NAME PEURUNG, JOHN
 STREET ADDRESS 3734 COLD CREEK DR
 CITY-ST-ZIP VALRICO FL 33594

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 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 JOHN PEURUNG, DIRECTOR

813-275 3412

CR2E037 (10/00)