

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42456

1. Entity Name

CHARLOTTE SYMPHONY LEAGUE, INC.

FILED

Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90065 004 ****61.25

Principal Place of Business

271 BAL HARBOR BLVD
PUNTA GORDA FL 33950
US

Mailing Address

POST OFFICE BOX 2212
PORT CHARLOTTE FL 33949-2212
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0200323

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOHN, DOROTHY
10262 SHADOW RUN CT
PUNTA GORDA FL 33955

Name WURZ, VIRGINIA

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

3300 LOVELAND BLVD # 3301

City PT. CHARLOTTE

FL

Zip Code 33980

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

Virginia M. Wurz VIRGINIA WURZ

1-15-00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Delete
NAME KOHN, DOROTHY
STREET ADDRESS 10262 SHADOW RUN CT
CITY-ST-ZIP PUNTA GORDA FL 33955

TITLE P ☒ Change ☐ Addition
NAME WURZ, VIRGINIA
STREET ADDRESS 3300 LOVELAND BLVD # 3301
CITY-ST-ZIP PT. CHARLOTTE FL. 33980

TITLE S ☐ Delete
NAME KILBURN, FREDDI
STREET ADDRESS 5006 USEPPA CT
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE VP ☐ Change ☒ Addition
NAME SANDERS, ANN
STREET ADDRESS 32900 WASHINGTON LOOP RD
CITY-ST-ZIP PUNTA GORDA FL. 33982

TITLE P ☐ Delete
NAME WURZ, VIRGINIA
STREET ADDRESS 152 SW LELAND ST
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE T ☐ Change ☒ Addition
NAME COTTEN, ROSE
STREET ADDRESS 2415 ST. DAVIDS IS. CT.
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE TD ☒ Delete
NAME FISHER, BARBARA
STREET ADDRESS 3310 LOVELAND BLVD., #2201
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE D ☐ Change ☒ Addition
NAME WATERFIELD, BETTY
STREET ADDRESS 4413 HARBOR BLVD.
CITY-ST-ZIP PT. CHARLOTTE FL. 33952

TITLE D ☐ Delete
NAME BANKARD, LOUISE
STREET ADDRESS 138 NW BUCKEYE AVE.
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE D ☒ Change ☐ Addition
NAME KOHN, DOROTHY
STREET ADDRESS 10262 SHADOW RUN CT.
CITY-ST-ZIP PUNTA GORDA FL. 33955

TITLE D ☒ Delete
NAME MARGE, LINCOLN
STREET ADDRESS 11345 SW ESSEX DR
CITY-ST-ZIP LAKE SUZY FL 34266

TITLE 2ND VP ☐ Change ☒ Addition
NAME KITLAN DOROTHEA
STREET ADDRESS 23465 HARBORVIEW RD. #926
CITY-ST-ZIP PUNTA GORDA FL. 33980

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:

Rose Cotten ROSE COTTEN

1-15-00 941-575-2425

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)