

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91204 005 ****61.25

DOCUMENT # *N42456* ✓

1. Entity Name

CHARLOTTE SYMPHONY LEAGUE, INC.

DO NOT WRITE IN THIS SPACE

B0124396

2. Principal Place of Business

3. Mailing Address

POB 510785

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PUNTA GORDA FL

4. FEI Number

65-0200323

Applied For

Not Applicable

Zip

Country

Zip

Country

33951

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

PATTY CASTRO

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

34951 WASHINGTON LOOP RD

City

PUNTA GORDA

FL

Zip Code

33982

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

Patty Castro

PATTY CASTRO

5-29-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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	<i>PRESIDENT</i>
NAME	<i>PATTY CASTRO</i>
STREET ADDRESS	<i>34951 WASHINGTON LOOP RD</i>
CITY-ST-ZIP	<i>PUNTA GORDA FL 33982</i>
TITLE	<i>SECRETARY</i>
NAME	<i>FREDDI KILBURN</i>
STREET ADDRESS	<i>5006 USEPPA CT</i>
CITY-ST-ZIP	<i>PUNTA GORDA FL 33950</i>
TITLE	<i>TREASURER</i>
NAME	<i>ROSE COTTEN</i>
STREET ADDRESS	<i>2415 ST. DAVIDS IS. CT.</i>
CITY-ST-ZIP	<i>PUNTA GORDA FL 33950</i>
TITLE	<i>VICE PRESIDENT</i>
NAME	<i>JUDI DRYBURG</i>
STREET ADDRESS	<i>601 SHREVE ST #61C</i>
CITY-ST-ZIP	<i>PUNTA GORDA FL 33950</i>
TITLE	<i>DIRECTOR</i>
NAME	<i>LYNN REEVES</i>
STREET ADDRESS	<i>4360 POINT CL</i>
CITY-ST-ZIP	<i>PT. CHARLOTTE FL 33948</i>
TITLE	<i>DIRECTOR</i>
NAME	<i>HANNAH PETROFSKY</i>
STREET ADDRESS	<i>19011 MCGRATH CIR.</i>
CITY-ST-ZIP	<i>PT. CHARLOTTE FL 33948</i>

TITLE	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Patty Castro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-29-02 941-575-2425

Date Daytime Phone #

CR2E037B (12/01)