

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90139 024 ****61.25

DOCUMENT # N42456

1. Entity Name

CHARLOTTE SYMPHONY LEAGUE, INC.



Principal Place of Business

**271 BAL HARBOR BLVD
PUNTA GORDA FL 33950
US**

Mailing Address

**P.O. BOX 510785
PORT CHARLOTTE FL 33949-2212
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0200323**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CASTRO, PATTY
34951 WASHINGTON LOOP RD
PUNTA GORDA FL 33982**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **SANDERS, ANN**
STREET ADDRESS **34951 WASHINGTON LOOP RD**
CITY-ST-ZIP **PUNTA GORDA FL 33982**

TITLE **PD** ☐ Change ☒ Addition
NAME **PATTY CASTRO**
STREET ADDRESS **34951 WASHINGTON Loop RD**
CITY-ST-ZIP **PUNTA GORDA FL. 33982**

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

TITLE **VP** ☐ Change ☒ Addition
NAME **MARY LOOK**
STREET ADDRESS **1578 SAN MARINO CT.**
CITY-ST-ZIP **PUNTA GORDA FL. 33950**

TITLE **TD** ☐ Delete
NAME **COTTEN, ROSE**
STREET ADDRESS **2405 ST. DAVIDS IS CT**
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE **D** ☐ Change ☒ Addition
NAME **JUDY KNAPP**
STREET ADDRESS **3542 WHIPPORWILL BLVD**
CITY-ST-ZIP **PUNTA GORDA FL. 33950**

TITLE **VP** ☒ Delete
NAME **DRYBERG, JUDI**
STREET ADDRESS **601 SHRENE ST #61 C**
CITY-ST-ZIP **PUNTA GORDA FL 33950**

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

TITLE **D** ☐ Delete
NAME **REEVES, LYNN**
STREET ADDRESS **4360 POINT CL**
CITY-ST-ZIP **PORT CHARLOTTE FL 33948**

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

TITLE **D** ☒ Delete
NAME **HANNAH, PETROFSKY**
STREET ADDRESS **19011 MCGRATA CIR**
CITY-ST-ZIP **PORT CHARLOTTE FL 33948**

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 of Rose Cotten
ROSE COTTEN

1/18/03 941-575-2425

CR2E037 (10/02)