

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

05-22-2000 90076 001 \*\*\*\*61.25

**DOCUMENT # N42601**

1. Entity Name

**THE ORLANDO PHILHARMONIC ORCHESTRA, INC.**

Principal Place of Business

Mailing Address

812 E ROLLIONS STREET  
 ORLANDO FL 32803  
 US

P.O. BOX 540203  
 ORLANDO FL 32854-0203  
 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

**59-3058884**

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

**BRIGHT, SUSAN K**  
**528 PARK N CT**  
**WINTER PARK FL 32789**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Delete
NAME	BLACKBURN, JOHN	
STREET ADDRESS	P.O. BOX 940905 N/A	
CITY-ST-ZIP	MAITLAND FL 32794	
TITLE	<del>TD</del>	<input type="checkbox"/> Delete
NAME	BRIGHT, SUSAN	
STREET ADDRESS	528 PARK NORTH CT.	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CURRAN, SUSAN	
STREET ADDRESS	2338 C S CONWAY RD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	BR	<input type="checkbox"/> Delete
NAME	LYMAN, BRODIE	
STREET ADDRESS	2993 CEDAR GLEN PL	
CITY-ST-ZIP	OVIEDO FL	
TITLE	<del>D</del>	<input type="checkbox"/> Delete
NAME	BROOKS, KIMBERLY	
STREET ADDRESS	919 N. ORANGE AVE.	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	<del>D</del>	<input type="checkbox"/> Delete
NAME	VAN BRUNT, LAURIE	
STREET ADDRESS	508 SELKIRK DR	
CITY-ST-ZIP	WINTER PARK FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<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		
TITLE	D	<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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Handwritten Signature]* 5/1/00  
 JENNIFER BLACKBURN, TREASURER (407) 896-6700

CR2E037 (9/99)