

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90407 028 ****61.25

DOCUMENT # N43218

1. Entity Name

FLORIDA PHILHARMONIC ORCHESTRA FOUNDATION, INC

Principal Place of Business

**3401 NW 9TH AVE
 FT LAUDERDALE FL
 33309**

Mailing Address

**3401 NW 9TH AVE
 FT LAUDERDALE FL
 33309**

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

65-0277025

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

**Connie Linsler
 3401 NW 9th Ave
 Fort Lauderdale, FL 33309**

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 sponsoring)

4/26/01
 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 **DS** ☒ Delete
 NAME **HARE, ELIZABETH**
 STREET ADDRESS **3401 NW 9TH AVE**
 CITY-STATE-ZIP **FT LAUDERDALE FL 33309**

TITLE **D** ☐ Delete
 NAME **GOLDBERGER MELVIN**
 STREET ADDRESS **1700 S. DIXIE HWY.**
 CITY-STATE-ZIP **BOCA RATON FL**

TITLE **DV** ☐ Delete
 NAME **LEACH, RALPH**
 STREET ADDRESS **4211 NE 25 AVE**
 CITY-STATE-ZIP **FT LAUDERDALE FL 33308**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
 NAME **LINSLER, CONNIE**
 STREET ADDRESS **3401 NW 9TH AVE** (ACTING)
 CITY-STATE-ZIP **FT LAUDERDALE FL 33309**

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-STATE-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

4/26/01
 Date

Daytime Phone #

CR2037 (11/00)