

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90109 004 \*\*\*\*61.25

**DOCUMENT # N93000000355**

1. Entity Name

**SUNCOAST CHORALE, INC.**

Principal Place of Business

Mailing Address

895 S INDIANA  
STE 104  
ENGLEWOOD FL 34223  
US

895 S INDIANA  
STE 104  
ENGLEWOOD FL 34223  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0432964**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DOTSON, SYDNEY M**  
**30 BUNKER CT**  
**ROTONDA WEST FL 33947**

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 ☒ Delete  
NAME **PD HARTLEY, LYMAN**  
STREET ADDRESS **290 CORAL CREEK DRIVE**  
CITY-ST-ZIP **CAPE HAZE FL 33946**

TITLE ☒ Change ☐ Addition  
NAME **PD Cahow, Shirley**  
STREET ADDRESS **7220 Brandywine Dr.**  
CITY-ST-ZIP **Englewood FL 34224**

TITLE ☐ Delete  
NAME **VD CAHOW, SHIRLEY**  
STREET ADDRESS **7220 BRANDYWINE DRIVE**  
CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE ☒ Change ☐ Addition  
NAME **VD Collins Sperr**  
STREET ADDRESS **1087 Hoover Circle**  
CITY-ST-ZIP **NoKomis, FL 34275**

TITLE ☐ Delete  
NAME **SD WALKER, DON**  
STREET ADDRESS **222 SOUTHAMPTON LANE**  
CITY-ST-ZIP **VENICE FL 34293**

TITLE ☒ Change ☐ Addition  
NAME **S. Linkous, Lee**  
STREET ADDRESS **403 Pepper Tree**  
CITY-ST-ZIP **Venice, FL 34293**

TITLE ☐ Delete  
NAME **DT STOLFA, FRANK**  
STREET ADDRESS **9961 EAGLE PRESERVE DR**  
CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE ☒ Change ☐ Addition  
NAME **DT Dotson, Sydney**  
STREET ADDRESS **30 Bunker Ct**  
CITY-ST-ZIP **Rotonda West FL 33947**

TITLE ☐ Delete  
NAME **D BRAUER, JOE**  
STREET ADDRESS **19 SPORTSMAN RD**  
CITY-ST-ZIP **ROTONDA WEST FL 33947**

TITLE ☒ Change ☐ Addition  
NAME **D Cabana, Flo**  
STREET ADDRESS **962 Jolanda Circle**  
CITY-ST-ZIP **Venice, FL 34292**

TITLE ☐ Delete  
NAME **D CABANA, FLO**  
STREET ADDRESS **962 JOLANDA CIRCLE**  
CITY-ST-ZIP **VENICE FL 34292**

TITLE ☒ Change ☐ Addition  
NAME **D Stolfa, Nancy**  
STREET ADDRESS **9961 Eagle Preserve Drive**  
CITY-ST-ZIP **Englewood, FL 34224**

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SYDNEY DOTSON**

Date

Daytime Phone #

**2/3/02 941-697-2160**

CR2E037 (9/01)