

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 29, 2002 8:00 am
Secretary of State

04-02-2002 90874 036 ****61.25
 07-29-2002 90005 049 ****61.25

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1. Entity Name

THE FLORIDA ORCHESTRA GUILD/TAMPA, INC.

Principal Place of Business

101 S. HOOVER BLVD., #100
 TAMPA FL 33609
 US

Mailing Address

101 S. HOOVER BLVD., #100
 TAMPA FL 33609
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3296303

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DEVER, CHRISTINE A
 C/O THE FLORIDA ORCHESTRA
 101 S. HOOVER BLVD, #100
 TAMPA FL 33609

7. Name and Address of New Registered Agent

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

Christine A. Dever **Christine A. Dever**

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

(NOTE: Registered Agent signature required when reinstating)

7/20/2002
 DATE

**After September 13, 2002,
 min. will be \$236.25.**

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 ☐ Delete
 NAME **D**
 STREET ADDRESS **BERTELSTEIN, GAYLE F**
 CITY-ST-ZIP **5110 W. LONGFELLOW AVE.
 TAMPA FL 33629**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MARTIN, CAROL**
 CITY-ST-ZIP **106 ADRIATIC AVE.
 TAMPA FL 33606**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **RAAB, JUDY**
 CITY-ST-ZIP **13616 WATERFALL WAY
 TAMPA FL 33624**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **EHRENPREIS, RITA**
 CITY-ST-ZIP **17408 BROWN ROAD
 ODESSA FL 33556**

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **LOGAN, SANDRA**
 CITY-ST-ZIP **15350 AMBERLY DR #1514
 TAMPA FL 33647**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **HERSHMAN, CAROLE**
 CITY-ST-ZIP **15706 COCHESTER DR
 TAMPA FL 33647**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☒ Change ☐ Addition
 NAME **Director**
 STREET ADDRESS **Nita George**
 CITY-ST-ZIP **1129 Abbots Way
 Tampa, FL 33602**

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

CR2E037 (4/02)

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:

Carol Martin **Carol Martin**

7/20/2002 1813)253-2347