FILED

Secretary of State

01-15-2003 90092 001 \*\*\*\*\*8.75

01-15-2003 90092 002 \*\*\*\*61.25

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

## DOCUMENT # N9400005416

1. Entity Name

THE FLORIDA ORCHESTRA GUILD/TAMPA, INC.



Principal Place of Business Mailing Address 101 S. HOOVER BLVD., #100 101 S. HOOVER BLVD., #100 **TAMPA FL 33609** TAMPA FL 33609 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-3296303 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEVER, CHRISTINE A Street Address (P.O. Box Number is Not Acceptable) C/O THE FLORIDA ORCHESTRA 101 S. HOOVER BLVD. #100 **TAMPA FL 33609** 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. DATE 9. Election Campaign Financing **FILE NOW: FEE IS \$61.25** Make Check Payable to \$5.00 May Be Trust Fund Contribution. П Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change ☐ Addition BERTELSTEIN, GAYLE F NAME NAME STREET ADDRESS 5110 W. LONGFELLOW AVE. STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33629** CITY-ST-ZIP TITLE 😓 Delete TITLE Change ☐ Addition MARTIN, CAROL NAME NAME 106 ADRIATIC AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL-33606 ---CITY-ST-ZIP TITLE ☐ Delete ☐ Addition ☐ Change RAAB, JUDY NAME NAME STREET ADDRESS 13616 WATERFALL WAY STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33624** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition EHRENPREIS, RITA NAME NAME 17408 BROWN ROAD STREET ADDRESS STREET ADDRESS CITY-ST-7IP ODESSA FL 33556 CITY-ST-ZIP TITLE ☐ Delete TIT! F ☐ Addition ☐ Change GEORGE, NITA NAME NAME STREET ADDRESS 1129 ABBEWS WAY STREET ADDRESS CITY-ST-ZIP TAMPA FL 33602 CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition HERSHMAN, CAROLE NAME NAME STREET ADDRESS 15706 COCHESTER DR STREET ADDRESS

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.

Gare F. Bestelstein

CITY-ST-ZIP

SIGNATURE:

TAMPA FL 33647

CITY-ST-ZIP

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1/9/03

813-839-0279