

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000006131

1. Entity Name

SUNSTATE OPERA SOCIETY, INC.

Principal Place of Business

1524 S. HIGHLAND AVENUE
CLEARWATER FL 34616
US

Mailing Address

100 PIERCE STREET
APARTMENT 501
CLEARWATER FL 33756-5101
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33755-5101

4. FEI Number

59-3282838

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

JOHNSON, CLAUDIA
100 PIERCE STREET
APARTMENT 501
CLEARWATER FL 33755

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

Claudia V. Johnson

3/14/00

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
PD	LAURENTI, MARIO	1524 S. HIGHLAND AVENUE	CLEARWATER FL	<input type="checkbox"/>	Director	Lynda Ferri	821 Mandalay Avenue	Clearwater, FL 33767	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	LAURENTI, MARIO	1524 S HIGHLAND AVENUE	CLEARWATER FL 33755	<input type="checkbox"/>	Director	Jean Sherry	6040 Fairmont Ave	Safety Harbor, FL 34695	<input type="checkbox"/>	<input type="checkbox"/>
ED	JOHNSON, CLAUDIA	100 PIERCE STREET, APT 501	CLEARWATER FL 33755	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VP	BLOOMBURG, STEVE	100 PIERCE STREET, APT 509	CLEARWATER FL 33755	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
BT	MAROLDA, JOANN	133 GARDEN AVENUE, N	CLEARWATER FL 33755	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

Joann Marolda

3/14/00

727-298-5413

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)