

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**  
 05-11-2001 90109 030 \*\*\*\*61.25

**DOCUMENT # N94000006131**

1. Entity Name  
**SUNSTATE OPERA SOCIETY, INC.**

Principal Place of Business <b>1524 S. HIGHLAND AVENUE                  CLEARWATER FL 34616                  US</b>	Mailing Address <b>100 PIERCE STREET                  APARTMENT 501                  CLEARWATER FL 33755-5101                  US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>2200 2nd St. N.</b> Suite, Apt. #, etc.
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City & State <b>St. Petersburg</b>	4. FEI Number <b>59-3282838</b>
Zip <b>33704</b>	Country <b>Pinellas</b>



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**JOHNSON, CLAUDIA  
 100 PIERCE STREET  
 APARTMENT 501  
 CLEARWATER FL 33755**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**2200 2nd St. N.**  
 City **St. Peterburg** FL Zip Code **33704**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
\*Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAURENTI, MARIO <input checked="" type="checkbox"/> Delete 1524 S. HIGHLAND AVENUE CLEARWATER FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAURENTI, MARIO <input type="checkbox"/> Delete 1524 S HIGHLAND AVENUE CLEARWATER FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED JOHNSON, CLAUDIA <input type="checkbox"/> Delete 100 PIERCE STREET, APT 501 CLEARWATER FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRI, LYNDIA <input type="checkbox"/> Delete 821 MANDALAY AVE CLEARWATER FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BT MAROLDA, JOANN <input type="checkbox"/> Delete 133 GARDEN AVENUE, N CLEARWATER FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHERRY, JEAN <input type="checkbox"/> Delete 604C FAIRMONT AVE SAFETY HARBOR FL 34695

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2200 2nd St. N. St. Petersburg, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 913 Pine Street 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Claudia Johnson* **04/23/01 727-458-7107**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)