

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003179

1. Entity Name

THE FLORIDA VOICES ENSEMBLE, INC.

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90929 045 ****61.25

Principal Place of Business

2727 SOUTH TAMiami TRAIL
SUITE 2
SARASOTA FL 34239

Mailing Address

P.O. BOX 15382
SARASOTA FL 34277-1382
US

2. Principal Place of Business

805 PENN. WAY

3. Mailing Address

(SAME AS ABOVE)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA, FL 34243

City & State

4. FEI Number

65-0606291

Applied For

Not Applicable

Zip

34243

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FILSON, RICHARD A ESQUIRE
2727 SOUTH TAMiami TRAIL
SUITE 2
SARASOTA FL 34239

7. Name and Address of New Registered Agent

Name

DALE K. JENSEN

Street Address (P.O. Box Number is Not Acceptable)

805 PENN. WAY

City

SARASOTA

FL

Zip Code

34243

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]

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

(NOTE: Registered Agent signature required when reinstating)

26 APRIL 01

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

TITLE	PD D	<input type="checkbox"/> Delete
NAME	ROWLAND, MICHAEL	
STREET ADDRESS	2216 BAHIA VISTA ST. #H-8	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	VD	<input type="checkbox"/> Delete
NAME	O'CONNOR, TIM	
STREET ADDRESS	466 PALM TREE DRIE	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	STEFFENHAGEN, DEAN	
STREET ADDRESS	8529 30TH ST E.	
CITY-ST-ZIP	PARRISH FL 34219	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MULLET, BETTY	
STREET ADDRESS	6329 SEAGATE AVE.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	PD D	<input type="checkbox"/> Delete
NAME	FILSON, SUSAN	
STREET ADDRESS	1522 EASTBROOK DRIVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	AYALA, CHRISTINE	
STREET ADDRESS	2316 ROBINSON AVE	
CITY-ST-ZIP	SARASOTA FL 34232	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DALE JENSEN	
STREET ADDRESS	805 PENN. WAY	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	SEC/TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUSAN RAINES	
STREET ADDRESS	5211 11th AVE W.	
CITY-ST-ZIP	BRADENTON, FL 34209	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL TREZISE	
STREET ADDRESS	8452 GARDENS CIRCLE #10	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 DALE K. JENSEN

26 APRIL 01

Date

Daytime Phone #

941-758-0036

CR2E037 (10/00)