

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004433

1. Entity Name

SOUTH FLORIDA OPERA COMPANY, INC.

Principal Place of Business

14587 HALTER ROAD
WELLINGTON FL 33414

Mailing Address

14587 HALTER ROAD
WELLINGTON FL 33414-1006

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0707422

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PHILLIPS, STEPHEN R
1555 PALM BEACH LAKES BLVD. STE 1501
NATIONSBANK TOWER
WEST PALM BEACH FL 33401

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.

SIGNATURE

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

TITLE	D	<input type="checkbox"/> Delete
NAME	PACE, FRANCESCO	
STREET ADDRESS	14587 HALTER ROAD	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BOYNTON, BENJAMIN G	
STREET ADDRESS	12797A W FOREST HILL BLVD	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MERRILL, SARAH A	
STREET ADDRESS	16141 PREAKNESS DRIVE E	
CITY-ST-ZIP	LOXAHATCHEE FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	KUIPERS JR, WILLIAM E	
STREET ADDRESS	2502 MUIR CIRCLE	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TAYLOR, EDWIN T	
STREET ADDRESS	12744 MEADOWBREEZE DR	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS J. DONGILLA	
STREET ADDRESS	2061 VINING CIRCLE	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	(P) AUGUST, DR. NEIL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1762 FLAGLER MANOR CIRCLE	
STREET ADDRESS	W. PALM BEACH, FL 33411	
CITY-ST-ZIP		
TITLE	(D) DONGILLA, THOMAS J.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2061 VINING CIRCLE	
STREET ADDRESS	WELLINGTON, FL 33414	
CITY-ST-ZIP		
TITLE	(D) MANNING, JOSHUA I.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	12788 W. FOREST HILL BLVD	
STREET ADDRESS	WELLINGTON, FL 33414	
CITY-ST-ZIP		
TITLE	(D) SPARKS, ELIZABETH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1970 CANTERBURY CIRCLE	
STREET ADDRESS	WELLINGTON, FL 33414	
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: EDWIN T. TAYLOR, TREAS 1/12/00 561-798-3375

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25037 (9/00)