

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

**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**

09-08-2003 90316 005 \*\*\*\*61.25

**DOCUMENT # N96000004433**

1. Entity Name

**SOUTH FLORIDA OPERA COMPANY, INC.**



Principal Place of Business

**1234 BARNSTABLE CIR  
WELLINGTON FL 33414**

Mailing Address

**1234 BARNSTABLE CIR  
WELLINGTON FL 33414**

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**

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of, registered agent.

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  
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **PACE, FRANCESCO**  
STREET ADDRESS **14587 HALTER ROAD**  
CITY-ST-ZIP **WELLINGTON FL**

TITLE **PD** ☐ Change ☒ Addition  
NAME **EDWARD WELCH**  
STREET ADDRESS **6809 HAMMOCK LA.**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33411**

TITLE **VPD** ☒ Delete  
NAME **SPARKS, ELIZABETH**  
STREET ADDRESS **1970 CANTERBURY CIRCLE**  
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **VPD** ☐ Change ☒ Addition  
NAME **CHARLES MANCUSO**  
STREET ADDRESS **11350 56th PLACE NORTH**  
CITY-ST-ZIP **ROYAL PALM BEACH, FL 33411**

TITLE **SD** ☐ Delete  
NAME **MERRILL, SARAH A**  
STREET ADDRESS **16141 PREAKNESS DRIVE E**  
CITY-ST-ZIP **LOXAHATCHEE FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD** ☒ Delete  
NAME **TAYLOR, EDWIN T**  
STREET ADDRESS **12744 MEADOWBREEZE DR**  
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 **SARAH A. MERRILL, Secy 9/3/03 601 7902093**

CR2E037 (4/03)