

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004175

1. Entity Name

COALITION OF OPERA LOVERS, INC.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90305 011 ****61.25

Principal Place of Business

10817 CLARA LANE
ST. PETERSBURG FL 33708

Mailing Address

P.O. BOX 86094
ST. PETERSBURG FL 33738

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

59-3487900

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

KENT, DORRIS C
10817 CLARA LANE
ST. PETERSBURG FL 33708

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
KENT, DORRIS C
10817 CLARA LANE
ST. PETERSBURG FL 33708 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
WRIGHT, MARY
5980 SHORE BLVD.S. #101
SAINT PETERSBURG FL 33707 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
CAFFERY, BETHIA
1019 JUNGLE AVE
ST. PETE FL 33710 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
WEISS, WILLIAM
4629-12TH AVE. NO.
SAINT PETERSBURG FL 33713 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TUCKER, JENNELLE
6549 GREEN VALLEY DR.
SEMINOLE FL 33777 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ALBANESE, EILEEN
7050 SUNSET DRIVE S #210
ST PETERSBURG FL 33707 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Smelia Damjanovich
1177-86th Terrace North
St.Petersburg, FL. 33702 ☐ Change ☒ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)