

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90042 028 ****61.25

DOCUMENT # N97000004175

1. Entity Name

COALITION OF OPERA LOVERS, INC.

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**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENT, DORRIS C	NAME	
STREET ADDRESS	10817 CLARA LANE	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33708	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, MARY	NAME	
STREET ADDRESS	5980 SHORE BLVD.S. #101	STREET ADDRESS	
CITY-ST-ZIP	SAINT PETERSBURG FL 33707	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAFFERY, BETHIA	NAME	
STREET ADDRESS	1019 JUNGLE AVE	STREET ADDRESS	
CITY-ST-ZIP	ST. PETE FL 33710	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISS, WILLIAM	NAME	
STREET ADDRESS	4629-12TH AVE. NO.	STREET ADDRESS	
CITY-ST-ZIP	SAINT PETERSBURG FL 33713	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAMJANOVICH, SMELIA	NAME	
STREET ADDRESS	1177-86TH TERRACE NORTH	STREET ADDRESS	
CITY-ST-ZIP	SAINT PETERSBURG FL 33702	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBANESE, EILEEN	NAME	
STREET ADDRESS	7050 SUNSET DRIVE S #210	STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33707	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 RECEIVED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)