2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 08:00 AM
Secretary of State

DOCUMENT # **N97000005601**

1. Entity Name
WESTON PHILHARMONIC SOCIETY, INC.

Principal Place of Business	Mailing Address
7320 GRIFFIN ROAD STE. 109	7320 GRIFFIN ROAD STE. 109
DAVIE FL	DAVIE FL
33314	33314

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0797970** ☐ 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
KALIS NEAL R	Name
7320 GRIFFIN ROAD STE. 109	Street Address (P.O. Box Number is Not Acceptable)
DAVIE FL	
33314 US	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 _____ **04/24/2001**
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			
TITLE	SD	☐ Delete		TITLE	SD	☒ Change	☐ Addition
NAME	ROBAINA JUDI			NAME	KOENIG ROCHELLE		
STREET ADDRESS	16526 RUBY LAKE			STREET ADDRESS	2478 BAY ISLE CT.		
CITY-ST-ZIP	WESTON	FL	00000	CITY-ST-ZIP	WESTON	FL	33327
TITLE	SD	☐ Delete		TITLE	SD	☒ Change	☐ Addition
NAME	CRAVEN NANCY			NAME	POWERS PATRICIA ANN		
STREET ADDRESS	3160 HUNTER ROAD			STREET ADDRESS	16091 BLATT BLVD. #106		
CITY-ST-ZIP	WESTON	FL	33331	CITY-ST-ZIP	WESTON	FL	33326
TITLE	VPD	☐ Delete		TITLE	VPD	☒ Change	☐ Addition
NAME	NORTON JIM			NAME	KESHEN CARY		
STREET ADDRESS	210 CAMERON CT.			STREET ADDRESS	1225 BALBOA CT.		
CITY-ST-ZIP	WESTON	FL	33326	CITY-ST-ZIP	WESTON	FL	33326
TITLE	VPD	☐ Delete		TITLE	VPD	☒ Change	☐ Addition
NAME	EDELMAN JUDI			NAME	ROBAINA JUDI		
STREET ADDRESS	650 SPINNAKER			STREET ADDRESS	16526 RUBY LAKE		
CITY-ST-ZIP	WESTON	FL	33326	CITY-ST-ZIP	WESTON	FL	33331
TITLE	VPD	☐ Delete		TITLE	VPD	☒ Change	☐ Addition
NAME	ALAACA ANTHONY			NAME	PEPPER MONIQUE		
STREET ADDRESS	2137 HARBOR WAY			STREET ADDRESS	18901 SW 61 MANOR		
CITY-ST-ZIP	WESTON	FL	33326	CITY-ST-ZIP	FT. LAUDERDALE	FL	33332
TITLE	PD	☐ Delete		TITLE	PD	☒ Change	☐ Addition
NAME	BERGER LITHA			NAME	JOHANSEN MARILYN		
STREET ADDRESS	658 SPINNAKER			STREET ADDRESS	1238 JASMINE CIRCLE		
CITY-ST-ZIP	WESTON	FL	33326	CITY-ST-ZIP	WESTON	FL	33326

CR2E037 (11/00)

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: Judi Robaina VPD 04/24/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #