

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90010 033 \*\*\*\*61.25

**DOCUMENT # N98000000103**

1. Entity Name

**MANASOTA POPS ORCHESTRA, INC.**

Principal Place of Business

Mailing Address

P O BOX 14191  
 BRADENTON FL 34280-4191

P O BOX 14191  
 BRADENTON FL 34280-4191

00000111



DO NOT WRITE IN THIS SPACE

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 1694954**

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**BARNUM, BARBARA**  
**1225 CORNISH CT**  
**SARASOTA FL 34232**

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

*Barbara Barnum*

**BARBARA J. BARNUM, TREASURER**

**4/28/00**

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	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BARNUM, BARBARA</b>	
STREET ADDRESS	<b>1225 CORNISH CT</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34232</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>GRIGOLI, DEIRDRE</b>	
STREET ADDRESS	<b>6249 AVENTURA DR</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34241</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HULLINGER, BECKY</b>	
STREET ADDRESS	<b>1818 -79TH ST NW</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34209</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JENSEN, DALE</b>	
STREET ADDRESS	<b>805 PENNSYLVANIA WAY</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34243</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STENBERG, PATRICIA</b>	
STREET ADDRESS	<b>1146 CARMELLA CIR</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34243</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CAVANAUGH, ELLEN</b>	
STREET ADDRESS	<b>1805 APEX RD #C</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34240</b>	

TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARNUM, BARBARA</b>	
STREET ADDRESS	<b>1225 CORNISH CT.</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 34232</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LUCILLE CONNOR</b>	
STREET ADDRESS	<b>656 FORT DUQUESNA DR.</b>	
CITY-ST-ZIP	<b>SUN CITY CENTER, FL 33573</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

*Barbara J. Barnum*

**BARBARA J. BARNUM**

**4/28/00 941/378-0565**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)