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2001 UNIFORM BUSINESS REPORT (UBR)

May 15, 2001 8:00 am Secretary of State DOCUMENT # **N9800000103** 1. Entity Name 05-15-2001 90168 037 ****61.25 MANASOTA POPS ORCHESTRA, INC. Principal Place of Business Mailing Address P O BOX 14191 P O BOX 14191 C0065764 BRADENTON FL 34280-4191 BRADENTON FL 34280-4191 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1694954 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARNUM, BARBARA Street Address (P.O. Box Number is Not Acceptable) 1225 CORNISH CT SARASOTA FL 34232 City Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition BARNUM, BARBARA NAME NAME 1225 CORNISH CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34232 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition GRIGOLI, DEIRDRE NAME STREET ADDRESS 6249 AVENTURA DR STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34241 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition CONNOR, LUCILLE NAME NAME 656 FORT DUGUESNA DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUN CITY CENTER FL 33573 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition JENSEN, DALE NAME NAME 805 PENNSYLVANIA WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34243 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STENBERG, PATRICIA NAME NAME STREET ADDRESS 1146 CARMELLA CIR STREET ADDRESS CITY-ST-2IP SARASOTA FL 34243 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition CAVANAUGH, ELLEN NAME NAME STREET ADDRESS 1805 APEX RD #C STREET ADDRESS SARASOTA FL 34240 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

TREASURER

BARBARA J. BARNUM