

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91173 009 ****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

R0108392



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1694954

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BARNUM, BARBARA
1225 CORNISH CT
SARASOTA FL 34232

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

T ☐ Delete
 NAME **BARNUM, BARBARA**
 STREET ADDRESS **1225 CORNISH CT**
 CITY-ST-ZIP **SARASOTA FL 34232**

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

P ☐ Delete
 NAME **GRIGOLI, DEIRDRE**
 STREET ADDRESS **6249 AVENTURA DR**
 CITY-ST-ZIP **SARASOTA FL 34241**

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

SD ☐ Delete
 NAME **CONNOR, LUCILLE**
 STREET ADDRESS **656 FORT DUGUESNA DR.**
 CITY-ST-ZIP **SUN CITY CENTER FL 33573**

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

D ☐ Delete
 NAME **JENSEN, DALE**
 STREET ADDRESS **805 PENNSYLVANIA WAY**
 CITY-ST-ZIP **SARASOTA FL 34243**

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

D ☒ Delete
 NAME **STENBERG, PATRICIA**
 STREET ADDRESS **1146 CARMELLA CIR**
 CITY-ST-ZIP **SARASOTA FL 34243**

☒ Change ☐ Addition
 NAME **D LOWE, SHERYL**
 STREET ADDRESS **6215 56TH AVE. EAST**
 CITY-ST-ZIP **BRADENTON, FL 34208**

D ☐ Delete
 NAME **CAVANAUGH, ELLEN**
 STREET ADDRESS **1805 APEX RD #C**
 CITY-ST-ZIP **SARASOTA FL 34240**

☐ Change ☐ 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** **4/28/02** **941/378-0565**
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)