

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000754

1. Entity Name

TARPON SPRINGS CHORAL BOOSTERS, INC.

FILED

Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90103 001 ****70.00

Principal Place of Business

Mailing Address

1411 S GULF RD
TARPON SPRINGS FL 34689
US

1411 S GULF RD
TARPON SPRINGS FL 34689-2714
US

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 **59-3608459**
APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHEESEMAN, CHARLES
1411 S GULF RD
TARPON SPRINGS FL 34689

Name **Christine Warwick**
Street Address (P.O. Box Number is Not Acceptable)
1411 S. GULF RD.
City **Tarpon Springs** FL Zip Code **34689**

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DAYVAULT, KAREN	
STREET ADDRESS	3041 ENNIS GLEN DR	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PETTIT, NANCY	
STREET ADDRESS	1785 GEORGIA AVENUE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	TSD	<input checked="" type="checkbox"/> Delete
NAME	BEVERLY, SANDY	
STREET ADDRESS	4473 SUMMERLAKE DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CHEESEMAN, CHARLES	
STREET ADDRESS	1411 S GULF ROAD	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christine Warwick	
STREET ADDRESS	1607 Lonesome Pine Ln.	
CITY-ST-ZIP	Tarpon Springs FL 34689	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Darlene Eaton	
STREET ADDRESS	3764 Carmichael Ct	
CITY-ST-ZIP	Palm Harbor FL 34684	
TITLE	TSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cynthia Hughes	
STREET ADDRESS	2095 E. Orangehill Ave	
CITY-ST-ZIP	Palm Harbor FL 34689	
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		

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/18/00 727-943-4900 x131