2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9800003737

1. Entity Name

THE CHAMBER ORCHESTRA OF FLORIDA, INC.

	1	
Principal Place of Business	Mailing Address	
1002 S HARBOUR IS BLVD #1310 TAMPA FL 33602	PO BOX 892 TAMPA FL 33602	
	!	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

FILED Mar 27, 2002 8:00 am § Secretary of State

03-27-2002 90072 036 ****61.25

2. Principal Place of Business Suite, Apt #, etc. City & State City &	1002 S HARBOUR IS BLVD #1310 TAMPA FL 33602				PO BOX 892 TAMPA FL 33602				80048750					
City & State City & State City & State City & State Section Secti	2. Principal Place of Business			3. Maili	3. Mailing Address									
Zip Country Zip Country S. Countr	Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
Zip Country Zip Country Zip Country S. Certificate of Status Desired S. \$7.5 Additional Fee Reported 2 S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7.	City & State			City	City & State			4	FO 0500044					7
Signarures FILE NOW: FEE IS \$61.25 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 POBLE CORMIER, RICHARD 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 POBLE CORMIER, RICHARD 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 POBLE CORMIER, RICHARD 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 POBLE CORMIER, RICHARD 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 POBLE CORMIER, RICHARD 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 POBLE CORMIER, RICHARD 10. OFFICERS AND DIRECTORS IN 10 10. OFFICER			Country	Zip		Cor	untry	5	. Certificate of	Status Desired				
CORMIER, RICHARD 4109 A S MACDILL AVE C/CO BARON TAMPA FL 33611 TITLE BY Stream Address (P.O. Box Number is Not Acceptable) POTE Registered office or registered agent, or both. In the state of Florida. FILE NOW: FEE IS \$61.25 POTE Registered Agent signature requires when recasting) TURL FUND CONTINUE. 10. OFFICERS AND DIRECTORS TURL FUND CORMIER, RICHARD TORE HAND CORMIER, RICHARD TORE HAND CORMIER, RICHARD TORE HAND CORMIER, RICHARD TORE OFFICERS AND DIRECTORS IN 10 TORE PO BOX 892 TORE AGENT AGENTS TORE AMAGE TORS TORE TORE TORE OFFICERS AND CORMIER, RICHARD TORE TORE TORE OFFICERS AND CORMIER, RICHARD TORE OFFICERS AND CORMIER, RICHARD TORE TORE OFFICERS AND CORMIER, RICHARD TORE OFFICERS AND CORMIER TORE OFFI		6. Name	and Address of Currer	nt Registered	Agent in			7	. Name and Ad	dress of New	Registered	Agent		1
Signal Like Now: FEE IS \$61.25 PLE NOW: FEE IS \$61.25							Name							
City FL Zip Code Signature. TamPa FL 33811 6. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the state of Florida. Signature. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the state of Florida. Signature. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the state of Florida. Signature. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the state of Florida. Signature. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the state of Florida. Signature. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the state of Florida. Signature. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the state of Florida. Signature. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the state of Florida. Signature. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the state of Florida. Signature. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida. Signature named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida. Signature. The above named entity submits the statement for the purpose of changing its registered agent, or both the state of Florida. Signature. The above named entity submits and the floridate of Purpose of Purpose of Purpose of Purpose of Purpose of Purpo		RICHARD			I			Street Address (P.O. Box Number is Not Acceptable)						
TAMPA FL 33611 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 Fiorida. SIGNATURE Signature Si			E			•								1
SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Added to Fees Make Check Payable to Department of State							City	<u> </u>			FL	Zip Cod	e	1
Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. TITLE PD										n the state of F				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE D NAME ADDRESS CITY-ST-ZIP TOTAMPA FL 33601 TITLE D NAME ADDRESS CITY-ST-ZIP TOTAMPA FL 33601 TITLE D CORMIER, RICHARD PO BOX 882 TAMPA FL 33611 TOTAMPA FL 33		FILE NOW:				, ,	~ _	- Ad	Ided to Fees		Departme	nt of State	•	
NAME STREET ADDRESS CITY-ST-ZIP TITLE D AMAE STREET ADDRESS CITY-ST-ZIP TITLE D CORMIER, RICHARD PO BOX 892 TAMPA FL 33601 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE D CORMIER, JOANN L PO BOX 892 TAMPA FL 33611 TITLE D CORMIER, JOANN L PO BOX 892 TAMPA FL 33602 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS STRE	10.	/ 	OFFICERS AND D	DIRECTORS				ADE	DITIONS/CHAN	GES TO OFFIC	ERS AND DI			ļ_
STREET ADDRESS CITY- ST-ZIP TITLE D RAME RAHEN, CPA, RANDI L STREET ADDRESS CITY- ST-ZIP TITLE D CORMIER, JOANN L PO BOX 892 TAMPA FL 33601 TITLE D CORMIER, JOANN L PO BOX 892 TAMPA FL 33601 TITLE NAME STREET ADDRESS CITY- ST-ZIP STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP STRE			DICUADO		☐ Delete							☐ Change	Addition	19
TAMPA FL 33601					9		· i							1,00
TITLE NAME RAHEN,CPA, RANDI L STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRES)	-		?		- 1							Ì
NAME STREET ADDRESS CITY-ST-ZIP TAMPA: FL-33611- TITLE D CORMIER, JOANN L PO BOX 892 TAMPA FL 33602 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TITLE				Delete	TITL						☐ Change	Addition	ۋا
CITY-ST-ZIP TAMPA FL-33611 CITY-ST-ZIP CORMIER, JOANN L NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		RAHEN,CPA	, randi L			NAM	E [[
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS					# 									ĺ
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	CITY-ST-ZIP.		33611~			: CITY	-ST-ZIP		• •	·				{
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		-	IOANNI I		☐ Delete		, ,					☐ Change	∐ Addition	}
CITY-ST-ZIP TAMPA FL 33602 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS							i							l
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		ı			!		ł							l
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		17 4111 13 1 2 3			☐ Delete	TITU						☐ Change	Addition	1
CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME					NAM	E)							1
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS					1									ļ
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS														-
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	- 1				☐ Delete	1	ſ					☐ Change		}
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS					:]							
NAME STREET ADDRESS NAME STREET ADDRESS					į)
NAME STREET ADDRESS NAME STREET ADDRESS	TITLE				☐ Delete	TITL						☐ Change	Addition	1
		1					J							1
CITY-ST-ZIP CITY-ST-ZIP	STREET ADDRESS					STRE	ET ADDRESS							
	CITY-ST-ZIP	<u> </u>	<u> </u>		,l	CITY	-ST-ZIP			<u> </u>				

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.

Inector

SIGNATURE:

3/11/02 Davime Phone #