

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000004342**

1. Entity Name

CENTRAL FLORIDA MASTER CHOIR, INC.**FILED****Jan 28, 2002 8:00 am**
Secretary of State

01-28-2002 90032 038 ****61.25

Principal Place of Business

**2118 S.W. 20TH PLACE
#201
OCALA FL 34474**

Mailing Address

**2118 S.W. 20TH PLACE
#201
OCALA FL 34474**

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 **59-3524125**

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

**SARFARAZI, FAITH A
2118 S.W. 20TH PLACE
STE. 201
OCALA FL 34474**

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 \$61.259. 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 | NAME | STREET ADDRESS | CITY-ST-ZIP | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | |
|-------|----------|---------------------------|--|--|------------|------------------------|---|--|
| | D | BERGESON, CARL | 2595 S.E. 32 PLACE OCALA FL 34471 | <input checked="" type="checkbox"/> Delete | D/P | FAITH SARFARAZI | 4899 S.W. 2nd Terr. OCALA, FL. 34474 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| | D | FURLONG, KATHERINE | P.O. DRAWER D MCINTOSH FL 32664 | <input checked="" type="checkbox"/> Delete | D/V | Elaine McFadden | 1886 E. James Loop INVERNESS, FL. 33453 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| | D | ROBERTS, KELLY | 6370 N.W. 57 COURT OCALA FL 34482 | <input checked="" type="checkbox"/> Delete | D/S | CHERYL MOORE | P.O. Box 43 Belleview, FL. 34421 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| | D | ZIEGENFUSS, SALLIE | 79 OLIVE DRIVE OCALA FL 34474 | <input checked="" type="checkbox"/> Delete | D/T | CHERYL Sedlock | P.O. Box 641192 Beverly Hills, FL. 34464 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FAITH A SARFARAZI **4/11/02** **3526225050**

CR2E037 (9/01)