

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 16, 2002 8:00 am
Secretary of State

05-16-2002 90025 016 ****61.25

DOCUMENT # N98000004865

1. Entity Name

SYMPOSIUM SINGERS, INC.

Principal Place of Business

Mailing Address

2008 ROBINSON AVENUE
SARASOTA FL 34232-3234

2008 ROBINSON AVENUE
SARASOTA FL 34232-3234

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

31-1615491

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

CULLEN, JAMES
2008 ROBINSON AVENUE
SARASOTA FL 34232-3234

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

TITLE	EAD	<input type="checkbox"/> Delete
NAME	CULLEN, JAMES	
STREET ADDRESS	2008 ROBINSON AVENUE	
CITY-ST-ZIP	SARASOTA FL 34232-3234	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROGERS, GEORGE	
STREET ADDRESS	6607 DEERING CIRCLE	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTIN, JAYE	
STREET ADDRESS	4006 RADNOR PLACE	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GULDIN, ROBERT	
STREET ADDRESS	522 OAK BAY DRIVE	
CITY-ST-ZIP	OSPREY FL 34228	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FILSON, SUSAN	
STREET ADDRESS	1522 EAST BROOK DR.	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	D	<input type="checkbox"/> Delete
NAME	NISSLEY, SYLVIA	
STREET ADDRESS	2940 VALLEY FORGE RD.	
CITY-ST-ZIP	SARASOTA FL 34231	

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RYAN LUIS SHEDEL BOWER	
STREET ADDRESS	1642 MAIN STREET	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEONARD RUBINSTEIN, MD	
STREET ADDRESS	1865 SIESTA DR	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAIL BRADYSON	
STREET ADDRESS	4847 SW AVENUE EAST	
CITY-ST-ZIP	Bradenton, FL 34208	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Deborah Boljan	
STREET ADDRESS	28602 162nd Dr E	
CITY-ST-ZIP	Myakka City, FL 34251	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRIAN CURRO	
STREET ADDRESS	1710 1/2 LEWIS ST. Apt. 5	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George Rogers	
STREET ADDRESS	6607 Deering Circle	
CITY-ST-ZIP	SARASOTA FL 34240	

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

April 24, 2002 941-922-0425

Date

Daytime Phone #

CR2E037 (9/01)