

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # p 460000 29253

1. Entity Name

Summit Orchestra & Singers, Inc.

Principal Place of Business

Mailing Address

1860 Clearbrook Dr.
Clearwater, FL 33760

12 Clearwater Mall
#232
Clearwater, FL 33764

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

59-3370499

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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

I provide a true and correct statement of the information requested.

(NOTE: Agents - registered agents who are not licensed in Florida)

DATE

9. This corporation is eligible to satisfy its intangible
taxing requirement and elects to do so
(See criteria on back)

☐

FILE NOW!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$350.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	Pres. Bill Pringle	☐ Delete
NAME	1860 Clearbrook Dr.	
STREET ADDRESS	Clearwater, FL 33762	
CITY-STATE-ZIP		
TITLE	V.P. Robert Dufour	☐ Delete
NAME	2108 Centerview Ct. So.	
STREET ADDRESS	Clearwater FL 33759	
CITY-STATE-ZIP		
TITLE	Sec. Zoe Dufour	☐ Delete
NAME	2108 Centerview Ct. So.	
STREET ADDRESS	Clearwater, FL 33759	
CITY-STATE-ZIP		
TITLE	CFO. Shelia Huter	☐ Delete
NAME	2344 Sunnylane	
STREET ADDRESS	Clearwater, FL 33763	
CITY-STATE-ZIP		
TITLE	Event Dir. Cupie Pearson	☐ Delete
NAME	101 N. Ft. Harrison	
STREET ADDRESS	Clearwater, FL	
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. 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 807, Florida Statutes, and that my name appears in Block 11 or Block 12 if changed or on an attachment with an address, with all other like empowered

SIGNATURE: Shelia Huter CFO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-536-
April 27, 2000 9690

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90155 035 ***150.00

00000001

DO NOT WRITE IN THIS SPACE