

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709445

1. Entity Name

MELBOURNE CIVIC THEATRE, INC.

FILED

May 08, 2000 8:00 am
Secretary of State

05-08-2000 90023 035 ****61.25

Principal Place of Business

3030 W.
NEW HAVEN AVE
MELBOURNE FL 32901 32904
US

Mailing Address

P O BOX 1534
MELBOURNE FL 32902-1534
US

2. Principal Place of Business

3030 W. NEW HAVEN AVE
Suite, Apt. #, etc.

3. Mailing Address

P O BOX 1534
Suite, Apt. #, etc.

City & State

MELBOURNE FL

City & State

MELBOURNE FL

Zip

32904

Country

USA

Zip

32902

Country

USA

4. FEI Number

59-0703162

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZIMMERMAN, MARIJANE
601 E MELBOURNE AVE
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name

JUNE BOROWSKI

Street Address (P.O. Box Number is Not Acceptable)

2114 WAVERLY PLACE

City

MELBOURNE

FL

Zip Code

32901

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

June W. Borowski V.P.

4-25-00

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	SD	<input checked="" type="checkbox"/> Delete
NAME	WASHBURN, MARY	
STREET ADDRESS	1198 RIVIERA DR. NE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MESSINAGATES, BERNICE A	
STREET ADDRESS	1580 MASTERS RD. NW	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	D	<input type="checkbox"/> Delete
NAME	FARINET, ROBIN	
STREET ADDRESS	1972 TREVINO CIRCLE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BACCUS HORSLEY, DIANE	
STREET ADDRESS	320 SECOND AVE	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BOROWSKI, JUNE	
STREET ADDRESS	2114 S WAVERLY PL	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOTTON, JOY	
STREET ADDRESS	1756 SAGO PALM ST. NE	
CITY-ST-ZIP	PALM BAY FL 32905	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BETTY NEYLON	
STREET ADDRESS	716 E. LINCOLN AVE	
CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOM FLAVIN	
STREET ADDRESS	1845 RIVER SHORE DR	
CITY-ST-ZIP	INDIALANTIC, FL 32903	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED

June W. Borowski V.P.

4-25-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F037 (9/99)