

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 11, 2002 8:00 am
Secretary of State

05-06-2002 90076 047 ****61.25

DOCUMENT # 709445

1. Entity Name

MELBOURNE CIVIC THEATRE, INC.

Principal Place of Business

**3030 W NEW HAVEN AVENUE
 MELBOURNE FL 32094
 US**

Mailing Address

**P O BOX 1534
 MELBOURNE FL 32902
 US**

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

59-0703162

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

**BOROWSKI, JUNE
 2114 WAVERLY PLACE
 MELBOURNE FL 32901**

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 **SD** ☒ Delete
 NAME **STEPHENSEN, GLENDA**
 STREET ADDRESS **2468 MINTON ROAD**
 CITY-ST-ZIP **WEST MELBOURNE FL 32940**

TITLE **SECRETARY** ☐ Change ☒ Addition
 NAME **MARY VARADY**
 STREET ADDRESS **615 Trish Ave**
 CITY-ST-ZIP **PALMBAY 32908**

TITLE **TD** ☐ Delete
 NAME **FLAVIN, TOM**
 STREET ADDRESS **1845 RIVER SHORE DRIVE**
 CITY-ST-ZIP **INDIALANTIC FL 32903**

TITLE **D** ☐ Change ☒ Addition
 NAME **LEE ROSENKRANZ**
 STREET ADDRESS **6300 N. WICKHAM RD 130-222**
 CITY-ST-ZIP **MELBOURNE, FL 32940**

TITLE **D** ☐ Delete
 NAME **SZCZECINNA, ANITA**
 STREET ADDRESS **2012 DAN COURT**
 CITY-ST-ZIP **PALM BAY FL 32905**

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

TITLE **VP** ☐ Delete
 NAME **BACCUS HORSLEY, DIANE**
 STREET ADDRESS **320 SECOND AVE**
 CITY-ST-ZIP **INDIALANTIC FL 32903**

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

TITLE **P** ☐ Delete
 NAME **BOROWSKI, JUNE**
 STREET ADDRESS **2114 S WAVERLY PL**
 CITY-ST-ZIP **MELBOURNE FL 32901**

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

TITLE **D** ☒ Delete
 NAME **ALLAN, KEN**
 STREET ADDRESS **145 ORLANDO BLVD**
 CITY-ST-ZIP **INDIALANTIC FL 32903**

TITLE ☐ Change ☐ 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: *June Borowski* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/02

Date

(321) 723-6935

Daytime Phone #

CR2037 (9/01)