2002 UNIFORM BUSINESS REPORT (UBR)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

1. Entity Name

CULTURAL PARK THEATRE COMPANY, INC.

Principal Place of Business	Mailing Address
CULTURAL PARK THEATRE 528 CULTURAL PARK BLVD CAPE CORAL FL 33990	PO BOX 150022 COPE CORAL FL 33910

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 59-1155302 — 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
HOLZER, CONSUELO 3933 SE 19TH AVE. CAPE CORAL FL 33904	Name PETER ELLITHORPE Street Address (P.O. Box Number is Not Acceptable) 5345 DeLANO Court City Cape Coral FL Zip Code 33904

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. I am familiar with, and accept the obligations of registered agent.

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**********0.75 **********0.75

SIGNATURE P. Ellithorpe
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

After September 13, 2002, min. will be $236.25.	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	PD ☒ Delete	TITLE	PD ☒ Change ☐ Addition
NAME	STOUT, MARILYN	NAME	GRABOYES, MARILYN
STREET ADDRESS	2907 SW 29TH AVE	STREET ADDRESS	14600 GLEN COVE DR #302
CITY-ST-ZIP	CAPE CORAL FL 33914	CITY-ST-ZIP	Fort Myers, Fl. 33919
TITLE	TD ☒ Delete	TITLE	VD ☐ Change ☒ Addition
NAME	GAGNE, EUGENE	NAME	DAVE NABATOFF
STREET ADDRESS	3886 SE 7TH PL	STREET ADDRESS	4204 Country Club Blvd.
CITY-ST-ZIP	CAPE CORAL FL 33914	CITY-ST-ZIP	Cape Coral, Fl. 33904
TITLE	VD ☐ Delete	TITLE	VD ☐ Change ☒ Addition
NAME	GRABOYES, MARILYN	NAME	DR. JOHN MINIA
STREET ADDRESS	14600 GLEN COVE DR #302	STREET ADDRESS	18800 Telgraph Cir.
CITY-ST-ZIP	FORT MYERS FL 33919	CITY-ST-ZIP	ALVA, Fl. 33920
TITLE	VD ☒ Delete	TITLE	VD ☐ Change ☒ Addition
NAME	MANNO, LENI	NAME	AVENELL LeMAR
STREET ADDRESS	4109 SE 9TH CT	STREET ADDRESS	P.O. BOX 152015
CITY-ST-ZIP	CAPE CORAL FL 33904	CITY-ST-ZIP	Cape Coral, Fl. 33915-2015
TITLE	ATD ☒ Delete	TITLE	TD ☐ Change ☒ Addition
NAME	CALIFANO, PAULINE	NAME	DOROTHY BUXTON
STREET ADDRESS	4525 COUNTRY CLUB BLVD #108	STREET ADDRESS	4311 LANTANA Circle
CITY-ST-ZIP	CAPE CORAL FL 33904	CITY-ST-ZIP	N. Fort Myers, Fl. 33903
TITLE	SD ☒ Delete	TITLE	SD ☐ Change ☒ Addition
NAME	BECCHINO, BARBARA	NAME	THERESA KERSEY
STREET ADDRESS	5020 SKYLINE BLVD	STREET ADDRESS	2918 NW 19th TERR.
CITY-ST-ZIP	CAPE CORAL FL 33914	CITY-ST-ZIP	Cape Coral Fl. 33993

8/26

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.

AVENELL LeMAR (239) 418-5852

SIGNATURE: SIGNATURE REQUIRED 8-12-02

CR2E037 (4/02)