

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 717136

1. Entity Name

THE CIVIC THEATRE OF CENTRAL FLORIDA, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90841 001 ***122.50

Principal Place of Business

Mailing Address

1001 E. PRINCETON ST.
ORLANDO FL 32803-1420
US

1001 E. PRINCETON ST.
ORLANDO FL 32803-1451
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1056385

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MILLER, MARTI
1001 E. PRINCETON ST.
ORLANDO FL 32803

Name **Bud Brewer**

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

610 Wymore Rd

City **MAITLAND**

FL

Zip Code **32751**

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 **C** ☒ Delete
NAME **OLECK, LAURA**
STREET ADDRESS **741 SEQUOIA TR.**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
NAME **JAMES BRUNER**
STREET ADDRESS **7010 HARRISON AVE.**
CITY-ST-ZIP **ORLANDO, FL 32804**

TITLE **PD** ☒ Delete
NAME **NEPTUNE, DARBY**
STREET ADDRESS **313 SANDPIPER CT.**
CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE **PRES. ELECT** ☐ Change ☒ Addition
NAME **BUD BREWER**
STREET ADDRESS **610 WYMORE RD**
CITY-ST-ZIP **MAITLAND, FL 32751**

TITLE **D** ☒ Delete
NAME **FLUKS, LONN**
STREET ADDRESS **1325 BRACH HILL CT.**
CITY-ST-ZIP **APOPKA FL 32712**

TITLE **TREASURER** ☐ Change ☒ Addition
NAME **STEVE APPEL**
STREET ADDRESS **111 N. ORANGE AVE. STE 1600**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **VD** ☒ Delete
NAME **PALMER, ERIC**
STREET ADDRESS **1531 SUNSET DR.**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **JENNIFER SLONE**
STREET ADDRESS **111 N. ORANGE AVE**
CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE **S** ☒ Delete
NAME **DEUTSCH, NANCY**
STREET ADDRESS **662 GRANVILLE DR.**
CITY-ST-ZIP **WINTER PARK FL 32789**

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

TITLE **T** ☐ Delete
NAME **FAULEY, CHARLENE**
STREET ADDRESS **3810 BAINBRIDGE AVE.**
CITY-ST-ZIP **ORLANDO FL 32839**

TITLE **PRESIDENT** ☒ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)