

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 1001 E. PRINCETON ST. ORLANDO FL 32803-1420 US | Mailing Address 1001 E. PRINCETON ST. ORLANDO FL 32803-1451 US |
|---|---|



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------|---------------------|---------|
| 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 59-1056385 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | | | |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent MILLER, MARTI 1001 E. PRINCETON ST. ORLANDO FL 32803 | | 7. Name and Address of New Registered Agent 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. <input type="checkbox"/> | \$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 NAME STREET ADDRESS CITY-ST-ZIP | C OLECK, LAURA 741 SEQUOIA TR. WINTER PARK FL 32789 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICE PRESIDENT JAMES BEUNER 7010 HARRISON AVE. ORLANDO, FL 32804 |
| | <input checked="" type="checkbox"/> Delete | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD NEPTUNE, DARBY 313 SANDPIPER CT. CASSELBERRY FL 32707 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRES. ELECT BUD BREWER 610 WYMORE RD MAITLAND, FL 32751 |
| | <input checked="" type="checkbox"/> Delete | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FLUKS, LONN 1325 BRACH HILL CT. APOPKA FL 32712 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREASURER STEVE APPEL 111 N. ORANGE AVE. STE 1600 ORLANDO FL 32801 |
| | <input checked="" type="checkbox"/> Delete | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD PALMER, ERIC 1531 SUNSET DR. WINTER PARK FL 32789 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY JENNIFER SLONE 111 N. ORANGE AVE ORLANDO, FL 32801 |
| | <input checked="" type="checkbox"/> Delete | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S DEUTSCH, NANCY 662 GRANVILLE DR. WINTER PARK FL 32789 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| | <input checked="" type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T FAULEY, CHARLENE 3810 BAINBRIDGE AVE. ORLANDO FL 32839 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT |
| | <input type="checkbox"/> Delete | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *E. CHARLENE FAULEY* PRES. 4/29/00 407/245-5376
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)