

FILED
Sep 19, 2002 8:00 am
Secretary of State

07-29-2002 90006 011 ****61.25

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **717136** ✓
1. Entity Name
THE CIVIC THEATRE OF CENTRAL FLORIDA, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1001 E. Princeton St.
Suite, Apt. #, etc.
City & State
Orlando, FL
Zip
32803
Country
U.S.A.

3. Mailing Address
1001 E. Princeton St.
Suite, Apt. #, etc.
City & State
Orlando, FL
Zip
32803
Country
U.S.A.

99628

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1056385
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
UCF Civic Theatre
Street Address (P.O. Box Number is Not Acceptable)
4000 Central Florida Blvd.
City
Orlando **FL** Zip Code
32816-2372

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 resigning) DATE _____

FEE IS \$61.25
Initial or Amended UBR

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 NAME STREET ADDRESS CITY-ST-ZIP	Board Chair Mr. Patrick Christiansen 255 S. Orange Ave., 17th Floor Orlando, FL 32801 D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Secretary Ms. Sonja Nicholson 150 North Spring Lake Drive Altamonte Springs, FL 32714 D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Development Chair Mr. Frank Santos 7600 International Drive Orlando, FL 32819 D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Finance Chair Mr. Bob Holmes 12424 Research Parkway, #140 Orlando, FL 32826-3257 D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR260378 (12/01)

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 on an attachment with an address, with another like employment.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/22/02
Date

Daytime Phone #