

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0013823

DOCUMENT # 717136

1. Entity Name
THE CIVIC THEATRE OF CENTRAL FLORIDA, INC.



FILED

03 MAR -4 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1001 E. PRINCETON ST.
ORLANDO FL 32803-1420
US

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

2. Principal Place of Business
1001 East Princeton St.
Suite, Apt. #, etc.

3. Mailing Address
1001 East Princeton St.
Suite, Apt. #, etc.

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI number 59-1056385

Applied for
Not Applicable

Zip
32803-1420

Country
U.S.A.

Zip
32803-1420

Country
U.S.A.

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

UCF CIVIC THEATRE
4000 CENTRAL FLORIDA BLVD.
ORLANDO FL 32816-2372

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

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
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	BCD	<input type="checkbox"/> Delete
NAME	CHRISTIANSEN, PATRICK	
STREET ADDRESS	255 S. ORANGE AVE., 17TH FLOOR	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	BS	<input type="checkbox"/> Delete
NAME	NICHOLSON, SONJA	
STREET ADDRESS	150 N. SPRING LAKE DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	DCD	<input type="checkbox"/> Delete
NAME	SANTOS, FRANK	
STREET ADDRESS	7600 INTERNATIONAL DR.	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	FCD	<input type="checkbox"/> Delete
NAME	HOLMES, BOB	
STREET ADDRESS	12424 RESEARCH PARKWAY # 140	
CITY-ST-ZIP	ORLANDO FL 32826-3257	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	400014085624	
CITY-ST-ZIP	03/14/03--01034--022 **\$61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

1-15-03

CR2E037 (10/02)