2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 719982 Feb 03, 2000 8:00 am 1. Entity Name **Secretary of State** THE BARN THEATRE, INC. 02-03-2000 90005 020 ****70.00 Principal Place of Business Mailing Address 2400 S.E. OCEAN BLVD. 2400 S.E. OCEAN BLVD. P.O. BOX 1894 P.O. BOX 1894 STUART FLA 34995-1894 STUART FL 34995 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number City & State City & State 23-7425604 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WARNER, THOMAS 1100 SOUTH FEDERAL HWY. **401 E. OSCEOLA STREET** City Zip Code STUART FL 34994 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 5 / ... 13 to 3 Td. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. П Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. ☐ Change Addition 1 X Delete TITLE TITLE PD **BOWLES, JOHN** NAME JOSEPH GRANDMAISON NAME STREET ADDRESS 117 HILLCREST DR STREET ADDRESS 1704 SE TIFFANY CLUB PLACE CITY-ST-ZIP CITY-ST-ZIP STUART FL PORT ST LUCIE FL 34952 Change Addition Defete TITLE THEATRICAL VICE PRES/D TITLE SCOTT-HERRING NAME NAME RAY-HILTON STREET ADDRESS 361 GENESSE AVE. STREET ADDRESS 2862 SW MARIPOSA CIRCLE CITY-ST-ZIP CITY-ST-ZIP PORT ST. LUCIE FL PALM CITY FL 34990 □ Addition ☐ Change ☐ Delete TITLE WYNNE, LAURIE NAME NAME STREET ADDRESS 2488 NW HOLIDAY COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART FL Tr Change Addition THVP TITLE ☐ Delete ADM. VICE PRESIDENT/D TITLE SCARLETT GRAVES NAME NAME STREET ADDRESS STREET ADDRESS 8103 PACSO ROBELES BLVD. CITY-ST-ZIP CITY-ST-ZIP FORT PIERCE FL SECRETARY/D XI Change ☐ Addition ☐ Delete AVP GORDON, HAROLD NAME NAME STREET ADDRESS STREET ADDRESS 1635 SW SILVER PINE WAY CITY-ST-ZIP CITY-ST-ZIP PALM CITY FL 34990 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME : () NAME STREET ADDRESS STREET ADDRESS ad, Vollai Fr CITY-ST-7iP 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

Grandmaison, Pres Joseph A.

Date

287-4884 Daytime Phone # 561