

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730568

1. Entity Name

KALEIDOSCOPE THEATRE, INCORPORATED

Principal Place of Business

P.O. BOX 526
LYNN HAVEN FL 32444

Mailing Address

P.O. BOX 526
LYNN HAVEN FL 32444

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 51-0192637

Applied For
Not Applicable

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

WEBSTER, MARGARET S
3182 WOODVALLEY RD
PANAMA CITY FL 32405

Name

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

City

FL

Zip Code

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 PD
NAME PLUMB, INIA J ☒ Delete
STREET ADDRESS 225N BAY DR.
CITY-ST-ZIP LYNN HAVEN FL 32444

TITLE PD
NAME WEBSTER, JOHN ☒ Change ☐ Addition
STREET ADDRESS 3182 WOODVALLEY RD.
CITY-ST-ZIP PANAMA CITY, FL 32405

TITLE VD
NAME WEBSTER, JOHN ☒ Delete
STREET ADDRESS 3182 WOODVALLEY RD.
CITY-ST-ZIP PANAMA CITY FL 32405

TITLE VD
NAME HOFFERT, TRACY ☒ Change ☐ Addition
STREET ADDRESS 6327 TAMMY LANE
CITY-ST-ZIP PANAMA CITY, FL 32404

TITLE TD
NAME WEBSTER, MARGARET S ☐ Delete
STREET ADDRESS 3182 WOODVALLEY RD.
CITY-ST-ZIP PANAMA CITY FL 32405

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

TITLE D
NAME WATERS, JEANNINE ☒ Delete
STREET ADDRESS 2134 W. 28TH ST.
CITY-ST-ZIP PANAMA CITY FL 32405

TITLE D
NAME ANDERSON, ROSE MARIE ☒ Change ☐ Addition
STREET ADDRESS 2800 WEST 30th Ct.
CITY-ST-ZIP PANAMA CITY, FL 32405

TITLE SD
NAME WILSON, SANDY ☒ Delete
STREET ADDRESS 3002 W. 21ST COURT
CITY-ST-ZIP PANAMA CITY FL 32405

TITLE SD
NAME CARTER, LOIS ☒ Change ☐ Addition
STREET ADDRESS 112 ALABAMA AVE.
CITY-ST-ZIP LYNN HAVEN, FL 32444

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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: Margaret S. Webster
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-02 850-785-2743
Date Daytime Phone #

CR2E037 (9/01)