

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

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90354 041 *****61.25

0013169

DOCUMENT # 740338

1. Entity Name

THE AMERICAN STAGE COMPANY, INC.



Principal Place of Business

**211 3RD ST SOUTH
PO BOX 1560
ST PETERSBURG FL 33731**

Mailing Address

**211 3RD ST SOUTH
PO BOX 1560
ST PETERSBURG FL 33731**

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 **59-1777189**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOWRY, LEE MANWARING
211 3RD ST S
ST PETERSBURG FL 33701**

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. 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
After September 10, 2003, min will be \$236.25**

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	T	☒ Delete
NAME	WELLS, PETER	
STREET ADDRESS	500 94TH AVE N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33703	
TITLE	D	☒ Delete
NAME	LOWRY, LEE M	
STREET ADDRESS	211 3RD ST SO	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	PT	☒ Delete
NAME	BALLARD, MARION	
STREET ADDRESS	1255 BRIGHTWATER BLVD	
CITY-ST-ZIP	SAINT PETERSBURG FL 33704	
TITLE	VPT	☒ Delete
NAME	KORNIVICIUS, AL	
STREET ADDRESS	1101 1ST AVE S	
CITY-ST-ZIP	SAINT PETERSBURG FL 33705	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	☐ Change ☒ Addition
NAME	KARNAVICIUS, AL	
STREET ADDRESS	1101 1st Ave S	
CITY-ST-ZIP	St. Pete, FL 33705	
TITLE	Vice-President	☐ Change ☒ Addition
NAME	Beth Anne Browne	
STREET ADDRESS	35103 West Palmira Ave	
CITY-ST-ZIP	Tampa, FL 33629	
TITLE	Treasurer	☐ Change ☒ Addition
NAME	Alfred May	
STREET ADDRESS	4983 Bacopa Lane S. #105	
CITY-ST-ZIP	St Petersburg, FL 33715	
TITLE	Secretary	☐ Change ☒ Addition
NAME	Marshall Craig	
STREET ADDRESS	706 19th Ave NE	
CITY-ST-ZIP	St. Petersburg FL 33704	
TITLE	Managing Director	☐ Change ☒ Addition
NAME	Lee M Lowry	
STREET ADDRESS	211 3rd St So	
CITY-ST-ZIP	St Petersburg, FL 33701	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/17/03

CR2E037 (4/03)