

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

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90972 033 ****70.00

DOCUMENT # 744858

1. Entity Name

THE LITTLE THEATER OF PALM COAST, INC.



Principal Place of Business

P.O. BOX 35-2032

PALM COAST FL 32135-2032

Mailing Address

P.O. BOX 35-2032

PALM COAST FL 32135-2032

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 **59-1883034**

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

CHIUMENTO, MICHAEL D
4 OLD KINGS ROAD NORTH
SUITE B
PALM COAST FL 32137

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

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 **PD** ☒ Delete
NAME **SWEENEY, GEROLD**
STREET ADDRESS **5 CHINOOK**
CITY-ST-ZIP **PALM COAST FL 32137**

TITLE **PD** ☒ Change ☐ Addition
NAME **Gerard F. Sweeney**
STREET ADDRESS **23 Century Lane**
CITY-ST-ZIP **Palm Coast, FL 32137**

TITLE **TD** ☒ Delete
NAME **SIMPSON, WILLIAM**
STREET ADDRESS **6 AVALON TERRACE**
CITY-ST-ZIP **PALM COAST FL 32137**

TITLE **TD** ☒ Change ☐ Addition
NAME **Charles Gessent**
STREET ADDRESS **94 Rae Moor Dr**
CITY-ST-ZIP **Palm Coast FL 32137**

TITLE **SD** ☒ Delete
NAME **KITTERMAN, SANDY**
STREET ADDRESS **2640 S CENTRAL AVENUE**
CITY-ST-ZIP **FLAGLER BEACH FL 32136**

TITLE **SD** ☒ Change ☐ Addition
NAME **Carole Creighton**
STREET ADDRESS **7 Forrester Pl**
CITY-ST-ZIP **Palm Coast, FL 32137**

TITLE **D** ☐ Delete
NAME **HOWARD, GWEN**
STREET ADDRESS **21 BUTTERMILL DR**
CITY-ST-ZIP **PALM COAST FL 32137**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPO** ☐ Change ☒ Addition
NAME **Ernest RePoLo**
STREET ADDRESS **51 Ft. Caroline Dr**
CITY-ST-ZIP **Palm Coast, FL 32137**

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:

SIGNATURE REQUIRED

2/21/03

Gerard F. Sweeney 386 4452332

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)