

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15927

1. Entity Name

ASOLO THEATRE, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90096 049 ****61.25

Principal Place of Business	Mailing Address
5555 NORTH TAMiami TRAIL SARASOTA FL 34243	5555 NORTH TAMiami TRAIL SARASOTA FL 34243-2141

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	Applied For
59-2717909	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
☐	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIGABRIELE, LINDA
5555 N. TAMiami TRAIL
SARASOTA FL 34243

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	☒ Delete
NAME	KANE, STANLEY	
STREET ADDRESS	5555 N TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA FL	
TITLE	PD	☐ Delete
NAME	PALMER, ROY	
STREET ADDRESS	5555 N TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA FL	
TITLE	TD	☒ Delete
NAME	OLSON, RICHARD S	
STREET ADDRESS	5555 N TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA FL	
TITLE	SD	☐ Delete
NAME	WISE, MARGARET	
STREET ADDRESS	5555 N TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VD	☐ Delete
NAME	PETERSON, LEE	
STREET ADDRESS	5555 N. TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☒ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	☐ Change ☒ Addition
NAME	Robert S. Oregon	
STREET ADDRESS	5555 N. Tamiami Trail	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	VD	☐ Change ☒ Addition
NAME	Charlotte Vick	
STREET ADDRESS	5555 N. Tamiami Trail	
CITY-ST-ZIP	SARASOTA, FL 34243	
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:

Lee Peterson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/00

351-9010

Date

Daytime Phone #

CR2E037 (9/99)