

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20393

1. Entity Name

LEMON BAY PLAYHOUSE, INC., THE ENGLEWOOD COMMUNI

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90086 045 ****61.25

Principal Place of Business 96 W DEARBORN STREET ENGLEWOOD FL 34223 US	Mailing Address 96 W DEARBORN ENGLEWOOD FL 34223-3235 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2803975	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HYATT, PAUL 150 ENGLEWOOD RD #84 ENGLEWOOD FL 34223	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODVIK, BARBARA PO BOX 1077 ENGLEWOOD FL 34295 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOBBI McMILLIN 119 FAIRWAY RD ROTONDA WEST, FL 33947 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANSON, BILL 5184 CONNER TER CAPE HAZEL FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PAUL MANKE 1811 ENGLEWOOD RD ENGLEWOOD, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARNETT, DOREEN 643 MICHIGAN AVE ENGLEWOOD FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BILL HANSON 5184 CONNER TER CAPE HAZE, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCMILLIN, BOBBI 119 FAIRWAY RD ROTONDA WEST FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RICHARD CORN 2055 FORKED CREEK DR ENGLEWOOD, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLENSBE, WAYNE 3539 E CYTON CT WARM MINERAL SPRINGS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOREEN BARNETT 643 MICHIGAN AVE. ENGLEWOOD, FL <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORN CORIN, RICHARD 2055 FORKED CREEK DR ENGLEWOOD FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAYNE HOLLENSBE 3539 E CYTON CT WARM MINERAL SPRINGS, FL <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: BOBBI McMILLIN (BOBBI McMILLIN) 3-27-2000 697-9573
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

N20393

729706



Lemon Bay Playhouse

96 W. Dearborn St
Englewood, FL 34223

Telephone (941) 475-6756

E Mail: LBP34223@aol.com

additional director added:

MARK WEISER

18595 GOODMAN CIRCLE

PORT CHARLOTTE, FL 33948

A Community Theatre