

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90038 008 \*\*\*\*61.25

**DOCUMENT # N20393**

1. Entity Name  
**LEMON BAY PLAYHOUSE, INC., THE ENGLEWOOD COMMUNI**

Principal Place of Business      Mailing Address  
**96 W DEARBORN STREET      96 W DEARBORN**  
**ENGLEWOOD FL 34223      ENGLEWOOD FL 34295**  
**US      US**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

4. FEI Number **59-2803975**      Applied For  
 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  
**HYATT, PAUL**  
**150 ENGLEWOOD RD**  
**#84**  
**ENGLEWOOD FL 34223**

7. Name and Address of New Registered Agent  
 Name **HYATT PAUL**  
 Street Address (P.O. Box Number is Not Acceptable)  
**151 VIRGINIA CT.**  
 City **ENGLEWOOD** FL Zip Code **34223**

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 *Paul W. Hyatt*      DATE **April 11, 2001**  
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.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HANSON, BILL</b> <b>5184 CONNER TER</b> <b>CAPE HAZEL FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>BARNETT, DOREEN</b> <b>643 MICHIGAN AVE</b> <b>ENGLEWOOD FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>MCMILLIN, BOBBI</b> <b>119 FAIRWAY RD</b> <b>ROTONDA WEST FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HOLLENSBE, WAYNE</b> <b>3539 E CYTON CT</b> <b>WARM MINERAL SPRINGS FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CORIN, RICHARD</b> <b>2055 FORKED CREEK DR</b> <b>ENGLEWOOD FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>WEISER, MARK</b> <b>18595 GOODMAN CIR.</b> <b>PORT CHARLOTTE FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>BARNETT DOREEN</b> <b>643 MICHIGAN AVE.</b> <b>ENGLEWOOD FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>MCMILLIN, BOBBI</b> <b>119 FAIRWAY RD</b> <b>ROTONDA WEST, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>WATERS-RIDDLE, BARBARA</b> <b>2800 KISKADEE DR.</b> <b>ENGLEWOOD, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>CORN, RICHARD</b> <b>2055 FORKED CREEK DR</b> <b>ENGLEWOOD, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>MANKE, PAUL</b> <b>1779 BAYSHORE</b> <b>ENGLEWOOD FL</b>

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: *Richard F. Corn*      DATE: **4/11/01**      941-474-6787  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (10/00)