

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90411 040 ****61.25

DOCUMENT # N20393

1. Entity Name
LEMON BAY PLAYHOUSE, INC., THE ENGLEWOOD COMMUNITY THEATRE

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

Mailing Address
**96 W DEARBORN
 ENGLEWOOD FL 34295
 US**



DO NOT WRITE IN THIS SPACE

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

Zip

Country

Zip

Country

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

**HYATT, PAUL
 151 VIRGINIA CT
 ENGLEWOOD FL 34223**

Name **HANSON, DONALD D.**
 Street Address (P.O. Box Number is Not Acceptable)
1480 LEMON BAY DR
 City **ENGLEWOOD FL 34223** 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 *Donald D. Hanson*
 Signature, typed or printed name of registered agent and title if applicable.

DONALD D. HANSON T/D

4-11-02

(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 | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input checked="" type="checkbox"/> Delete WEISER, MARK 18595 GOODMAN CIRCLE PORT CHARLOTTE FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD <input type="checkbox"/> Delete BARNETT, DOREEN 643 MICHIGAN AVE ENGLEWOOD FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD <input checked="" type="checkbox"/> Delete MCMILLIN, BOBBI 119 FAIRWAY RD ROTONDA WEST FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD <input checked="" type="checkbox"/> Delete CORN, RICHARD 2055 FORKED CREEK DRIVE ENGLEWOOD FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete HOLLENSBE, WAYNE 3539 E CYTON CT WARM MINERAL SPRINGS FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD <input checked="" type="checkbox"/> Delete MANKE, PAUL 1779 BAYSHORE ENGLEWOOD FL |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/D <input type="checkbox"/> Change <input type="checkbox"/> Addition HYATT, PAUL 151 VIRGINIA CT ENGLEWOOD, FL 34223 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T/D <input type="checkbox"/> Change <input type="checkbox"/> Addition HANSON, DONALD 1480 LEMON BAY DR. ENGLEWOOD, FL 34223 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/D <input type="checkbox"/> Change <input type="checkbox"/> Addition BARNETT, CAROL 643 MICHIGAN AVE ENGLEWOOD, FL 34224 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Change <input type="checkbox"/> Addition SUCHOMEL, JAMES 639 LINDEN DR ENGLEWOOD FL 34223 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Change <input type="checkbox"/> Addition WATERS-RIDDLE, BARBARA 2800 KISKADEE DR ENGLEWOOD FL 34224-4730 |

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: *Donald D. Hanson* **DONALD D. HANSON** **4-11-02** **941-474-3944**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/01)