

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003838

1. Entity Name

ATLANTIC BEACH EXPERIMENTAL THEATRE, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90038 016 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
716 OCEAN BLVD. ATLANTIC BEACH FL 32233	1015 ATLANTIC BLVD. #175 ATLANTIC BEACH FL 32233-3313

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

City & State	City & State	4. FEI Number	Applied For
Zip	Country	59-3212409	Not Applicable

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HALL, DOROTHY M 1478 W. CLASSIC OAK RD. JACKSONVILLE FL 32225	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 _____ (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	PD BARNARD, JACK 1426 GLENGARRY JACKSONVILLE FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRANK, CELIA 2335 BAREFOOT TRACE ATLANTIC BCH FL 32233 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WALKER, REGINA 10452 PINEHURST DR JACKSONVILLE FL 32218 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PAT, PILMORE 995 CAMERLIA ST. ATLANTIC BEACH FL 32233 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	DD FRANK, CELIA 2335 BAREFOOT TRACE ATLANTIC BEACH, FL - 32233 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAXWELL LIBBY 342 OCEANWALK DR. S. ATLANTIC BEACH, FL 32233 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HALL, DOROTHY M. 1478 W. CLASSIC OAK RD. JACKSONVILLE, FL 32225 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *Dorothy M. Hall* Date: 4-00 Daytime Phone #: 904-645-3374

CR2E037 (9/99)