

2001 UNIFORM BUSINESS REPORT (UBR)

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

2562106

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04-19-2001 90302 046 *****61.25

1. Entity Name

ATLANTIC BEACH EXPERIMENTAL THEATRE, INC.

Principal Place of Business

Mailing Address

**716 OCEAN BLVD.
 ATLANTIC BEACH FL 32233**

**1015 ATLANTIC BLVD.. #175
 ATLANTIC BEACH FL 32233**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3212409

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

**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 _____

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 **FRANK, CELIA**
 STREET ADDRESS **2335 BAREFOOT TRACE**
 CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **MAXWELL, LIBBY**
 STREET ADDRESS **342 OCEANWALK DR. S.**
 CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **PAT, PILMORE**
 STREET ADDRESS **995 CAMERLIA ST.**
 CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **HALL, DOROTHY M**
 STREET ADDRESS **1478 W. CLASSIC OAK RD**
 CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **VD George Maida**
 STREET ADDRESS **884 East Coast Drive**
 CITY-ST-ZIP **Atlantic Beach, FL 32223**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Dorothy M. Hall **DOROTHY M. HALL**

4-17-01

904-645-3374

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)