2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000753

FILED
May 30, 2000 8:00 am
Secretary of State
05-30-2000 90059 043 ****61.25

1. Entity Name

LIMELIGHT THEATER, INC.

Principal Place of Business	Mailing Address
1681 US 1 SOUTH ST AUGUSTINE FL 32086 US	PO BOX 1196 ST AUGUSTINE FL 32085-1196 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
Zip / Country	Zip / Country

4. FEI Number 65-0471729 ☐ Applied For ☐ Not Applicable

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
RAHNER, JEAN A 67 LIGHTHOUSE AVENUE ST. AUGUSTINE FL 32084	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KRAFT, ANNE 27 PALMER STREET ST. AUGUSTINE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Luba Estes 408 Players Court St Augustine, FL	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD RAHNER, JEAN A 67 LIGHTHOUSE AVE. ST. AUGUSTINE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Emmalee Carpenter 73 Fishermans Cove Ponte Vedra Beach FL	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GINN, JUDITH A 100 SOUTHPARK BLVD. ST. AUGUSTINE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director greg Jones 87 Dolphin Drive St Augustine, FL	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCGUIRE, JULIE 185 INLET DR ST AUGUSTINE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Hamilton Upchurch PO Drawer 3007 St Augustine FL	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, STELLA B. 7436 A1A SOUTH ST. AUGUSTINE FL 32086	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Paul McGuire 185 Inlet Drive St Augustine FL	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Wayne George 32 St Augustine Blvd St Augustine FL	☐ Change ☑ Addition

CR2E037 (9/99)

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: EMMALEE CARPENTER Emmalee Carpenter 5/1/00 904 273 5530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #