# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 19, 2000 8:00 am**
**Secretary of State**
04-19-2000 90006 033 ****61.25

DOCUMENT # N97000002222

1. Entity Name

SEMINOLE CULTURAL ARTS THEATRE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 37 NW 1ST ST<br>HOMESTEAD FL 33030<br>US | 37 NW 1ST ST<br>HOMESTEAD FL 33030-5905<br>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 65-0757037 ☐ 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 |
|---|---|
| KTG&S REGISTERED AGENT CORPORATION<br>100 S.E. 2ND ST<br>28TH FLOOR<br>MIAMI FL 33131 | Name: DONNA DAVIS<br>Street Address (P.O. Box Number is Not Acceptable): 325 N. KROME AVENUE<br>City: HOMESTEAD FL Zip Code: 33030 |

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: Donna F Davis 4/13/00
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 | VPD<br>ZOLTEN, ROBERT M<br>151 NW 11TH ST<br>HOMESTEAD FL 33030 | ☐ Delete | PD<br>Robert A. Zolten, M.D.<br>151 NW 11th Street, 4th Floor<br>Homestead, FL 33030 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | RSD<br>WALTERS, GALE<br>18720 SW 295TH TERRACE<br>HOMESTEAD FL 33030 | ☑ Delete | SD<br>Jeremy Larkin<br>7901 SW 143rd Street<br>Miami, FL 33158 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CSD<br>GORDON, DONNA<br>23860 FARM LIFE RD<br>HOMESTEAD FL 33031 | ☑ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>DAVIS, DONNA<br>325 NORTH KROME AVE<br>HOMESTEAD FL 33030 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>CALABRESE, ELIZABETH<br>20130 SW 304TH ST<br>HOMESTEAD FL 33030 | ☑ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>PROBINSKY, SUSAN<br>26650 SW 172ND AVE<br>HOMESTEAD FL 33031 | ☐ Delete | | ☐ 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:** Donna F Davis REQUIRED 4/13/00 (305) 245-2933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #