

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002222

1. Entity Name

SEMINOLE CULTURAL ARTS THEATRE, INC.

FILED

May 19, 2001 8:00 am
Secretary of State

05-19-2001 90272 018 ****70.00

Principal Place of Business

37 NW 1ST ST
HOMESTEAD FL 33030
US

Mailing Address

37 NW 1ST ST
HOMESTEAD FL 33030
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0757037

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

DAVIS, DONNA
325 N KROME AVENUE
HOMESTEAD FL 33030

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
NAME ZOLTEN, ROBERT M
STREET ADDRESS 151 NW 11TH STREET, 4TH FLOOR
CITY-ST-ZIP HOMESTEAD FL 33030 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME LARKIN, JEREMY
STREET ADDRESS 7901 SW 143RD STREET
CITY-ST-ZIP MIAMI FL 33158 ☒ Delete

TITLE SD
NAME KAREN DAUGHERTY
STREET ADDRESS 19025 S.W. 264th Street
CITY-ST-ZIP Homestead, FL 33031 ☒ Change ☐ Addition

TITLE TD
NAME DAVIS, DONNA
STREET ADDRESS 325 NORTH KROME AVE
CITY-ST-ZIP HOMESTEAD FL 33030 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD
NAME PROBINSKY, SUSAN
STREET ADDRESS 26650 SW 172ND AVE
CITY-ST-ZIP HOMESTEAD FL 33031 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE VPD
NAME FRANK R. MAY
STREET ADDRESS 29520 S.W. 199th Avenue
CITY-ST-ZIP Homestead, FL 33030 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *Donna Davis* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01 (305)245-2933

Date Daytime Phone #

CR2E037 (10/00)