# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 03, 2002 8:00 am**
**Secretary of State**
03-03-2002 90074 007 ****70.00

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<br>US |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 25 West Mowry Drive | Cultural Annex |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. 25 West Mowry Drive |
| City & State: Homestead, FL | City & State: Homestead, FL |
| Zip: 33030 Country: US | Zip: 33030 Country: US |

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 |
|---|---|
| DAVIS, DONNA<br>325 N KROME AVENUE<br>HOMESTEAD FL 33030 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>ZOLTEN, ROBERT M<br>151 NW 11TH STREET, 4TH FLOOR<br>HOMESTEAD FL 33030 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>DAVIS, DONNA<br>325 NORTH KROME AVE<br>HOMESTEAD FL 33030 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>PROBINSKY, SUSAN<br>26650 SW 172ND AVE<br>HOMESTEAD FL 33031 | ☑ Delete | TITLE V<br>NAME Linda Fagan<br>STREET ADDRESS 17305 SW 300th Street<br>CITY-ST-ZIP Homestead, FL 33030 | ☑ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>DAUGHERTY, KAREN<br>19025 SOUTHWEST 264TH STREET<br>HOMESTEAD FL 33031 | ☑ Delete | TITLE S<br>NAME Patty Robin<br>STREET ADDRESS 19280 SW 220th Street<br>CITY-ST-ZIP Goulds, FL 33170 | ☑ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>MAY, FRANK R<br>29520 SOUTHWEST 199TH AVENUE<br>HOMESTEAD FL 33030 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (9/01)

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:** FRANK R. MAY 1/10/02 305-242-9320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #