

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90338 037 ****70.00

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DOCUMENT # N98000003479

1. Entity Name
ATLANTIC SHAKESPEARE FESTIVAL, INC.



Principal Place of Business Mailing Address

**1340 A1A SOUTH
SAINT AUGUSTINE FL 32085** **1435 22ND AVE.
VERO BEACH FL 32960
US**

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 **59-3517544** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

11036013



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GILL, DARLENE	
STREET ADDRESS	131 COWRY RD	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32086	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GILL, ROBERT	
STREET ADDRESS	131 COWRY RD	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32086	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SMITH, SCOTT J	
STREET ADDRESS	546 LORING VILLAGE CT	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CALLAHAN, SHERRI L	
STREET ADDRESS	22 OAK WOOD PARK	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	MD	<input type="checkbox"/> Delete
NAME	PUTZKE, JON A	
STREET ADDRESS	1435 22ND AVE	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	D	<input type="checkbox"/> Delete
NAME	COGHLAN, DEREK	
STREET ADDRESS	109 FERDINAND AVE.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32080	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **04/30/03** **772-559-0556**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)