

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701923

1. Entity Name

THE COCONUT GROVE PLAYHOUSE, INC.



FILED
Apr 23, 2003 8:00 am
Secretary of State

04-10-2003 90084 037 ****70.00

Principal Place of Business

3500 MAIN HWY
COCONUT GROVE FL 33133
US

Mailing Address

3500 MAIN HWY
COCONUT GROVE FL 33133
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 59-6152238

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS, INC.
103 N. MERIDIAN ST., LOWER LEVEL
TALLAHASSEE FL 32301

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 CHT
NAME POST, VINCENT
STREET ADDRESS 255 ALHAMBRA CIRCLE BANK UNITED
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE VCT
NAME CHAVIES, JUDGE MICHAEL
STREET ADDRESS 73 W FLAGLER, ROOM 525
CITY-ST-ZIP MIAMI FL 33125

TITLE ST
NAME HOLLANDER, PEGGY
STREET ADDRESS 2665 S BAYSHORE DR., #803
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE LESS, MITHCELL R
STREET ADDRESS 2700 S COMMERCE PARKWAY, #300
CITY-ST-ZIP WESTON FL 33331

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Chavies, Judge Michael
STREET ADDRESS is now the Secretary
CITY-ST-ZIP

TITLE
NAME Hollander, Peggy
STREET ADDRESS is now Co-Vice Chair
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Shelly Spivack
STREET ADDRESS Co-Vice Chair
CITY-ST-ZIP Blue Cross Blue Shield
8400 NW 33rd Street

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Miami, Florida 33122

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: Director of Administration - K. William Kerlin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE