

2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 728238

Entity Name: FLORIDA STUDIO THEATRE, INC.

Current Principal Place of Business:

1241 N PALM AVE
SARASOTA, FL 34236-5602

Current Mailing Address:

1241 N PALM AVE
SARASOTA, FL 34236-5602

FEI Number: 23-7362760

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PATTERSON, JOHN
46 N. WASHINGTON BLVD., SUITE 1
SARASOTA, FL 34236 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name ALEXANDER, KATE
Address 1241 N PALM AVE
City-State-Zip: SARASOTA FL 34236

Title SECRETARY, TREASURER,
DIRECTOR
Name HAYES, TOM
Address 1812 MANATEE AVENUE
City-State-Zip: BRADENTON FL 34205

Title PRESIDENT, DIRECTOR
Name MCGILLICUDDY, DENNIS
Address 1762 HAWTHORNE STREET, SUITE 5
City-State-Zip: SARASOTA FL 34239

Title VP, DIRECTOR
Name HOPKINS, RICHARD
Address 1241 N PALM AVE
City-State-Zip: SARASOTA FL 34236

Title DIRECTOR
Name BUCHANAN, CAROL
Address 5346 EVERWOOD RUN
City-State-Zip: SARASOTA FL 34235

Title DIRECTOR
Name COURTOIS, PATRICIA
Address 401 N CATTLEMAN RD STE 200
City-State-Zip: SARASOTA FL 34232

Title DIRECTOR
Name GEORGIA, COURT
Address 1350 MAIN STREET #1110
City-State-Zip: SARASOTA FL 34236

Title DIRECTOR
Name LUPOFF, BARBARA
Address 472 MEADOWLARK DRIVE
City-State-Zip: SARASOTA FL 34236

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD HOPKINS

VICE PRESIDENT

07/23/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SASLAW, JENNIFER
Address 541 NORSOTA WAY
City-State-Zip: SARASOTA FL 34242

Title DIRECTOR
Name JOELS, HAROLD
Address 4720 HARVEST BEND
City-State-Zip: SARASOTA FL 34235