

**2015 FLORIDA NOT FOR PROFIT CORPORATION 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:** Yes

**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

**Continues on page 2**

*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**

**02/26/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name ROSE, JULES  
Address 455 LONGBOAT CLUB ROAD, PH8  
City-State-Zip: LONGBOAT KEY FL 34228

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