

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 15, 2002 8:00 am**  
**Secretary of State**

07-15-2002 90184 001 \*\*\*150.00

**DOCUMENT # 370319**

1. Entity Name

**THREE ARTS PRODUCTIONS, INC.**

Principal Place of Business

**25 NORTH PINEAPPLE AVENUE  
 SARASOTA FL 34236**

Mailing Address

**25 NORTH PINEAPPLE AVENUE  
 SARASOTA FL 34236**

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

**59-1562038**

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

**SHEA, JOHN J. J  
 720 S ORANGE AVE  
 SARASOTA FL 34236**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
 NAME **TUROFF, ROBERT**  
 STREET ADDRESS **25 NO PINEAPPLE AVE**  
 CITY-ST-ZIP **SARASOTA, FL 00000**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete  
 NAME **TUROFF, BENJAMIN M.**  
 STREET ADDRESS **25 N. PINEAPPLE AVE.**  
 CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VP** ☐ Delete  
 NAME **TUROFF, ROBERTA**  
 STREET ADDRESS **25 NORTH PINEAPPLE AVE.**  
 CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VP** ☐ Delete  
 NAME **SUPLEE, T. RAYMOND(ASST)**  
 STREET ADDRESS **1770 WOOD STREET**  
 CITY-ST-ZIP **SSRASOTA FL**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete  
 NAME **TUROFF, KYLE E.**  
 STREET ADDRESS **25 N. PINEAPPLE AVE.**  
 CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete  
 NAME **ANTOLIK, FELICIA**  
 STREET ADDRESS **25 N. PINEAPPLE AVE.**  
 CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other the empowered.

**SIGNATURE:**

*Felicia Antolik*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/13/02**

**941-366-2646**

CR2E034 (9/01)



# GOLDEN APPLE DINNER THEATRE

25 N. Pineapple Ave.  
Sarasota, Florida 34236  
Administration (941) 366-2646  
Reservations (941) 366-5454  
Fax (941) 364-9100

Attachment  
D#370319  
B0128181

July 2, 2002

Division of Corporations  
P O Box 6327  
Tallahassee, FL 32314

Re: Annual Reports for:  
Golden Apple Co. Ltd. #59-1374385  
Three Arts Productions, Inc. #59-1562038  
Coastal Theatre Productions, Inc. #59-1445541

Gentlemen:

Enclosed please find Annual Reports for the above named entities with appropriate checks.

These reports were received in June of this year, so I did not include any late fees as we received them after the due date.

Thank you.

Very truly yours,

Felicia Antolik

FA/bt