2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Apr 07, 2000 8:00 am Secretary of State DOCUMENT # 701923 THE COCONUT GROVE PLAYHOUSE, INC. 04-07-2000 90018 001 ****70.00 Principal Place of Business Mailing Address 3500 MAIN HWY 3500 MAIN HWY CO054D5DAT GROULI III COCONUT GROVE FL 33133 COCONUT GROVE FL 33133-5904 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59-6152238 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) MITTELMAN, ARNOLD 3500 MAIN HWY. **COCONUT GROVE FL 33133** City 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Deiete Addition TITLE TITI F Vice Chairperson NAME NAME FOX-ROSELLINI, SUSAN Charles R. Fairbanks STREET ADDRESS STREET ADDRESS 328 CRANDON BLVD STE 115/FOX FIXINS 9100 S. Dadeland Blvd. CITY-ST-ZIP CITY-ST-ZIP KEY BISCAYNE FL 33149 Suite 1410 Delete TITLE ☐ Addition ☐ Change TITLE Miami, Fl. 33156 NAME POST, VINCENT NAME STREET ADDRESS STREET ADDRESS 255 ALHAMBRA CIRCLE BANK UNITED CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 Change Addition TITLE Delete TITLE MARGOLIS, GWEN NAME NAME STREET ADDRESS STREET ADDRESS 111 NW FIRST ST STE 220 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33128 Change ☐ Addition TITLE TS Delete TITLE ADMIRE, JACK NAME STREET ADDRESS STREET ADDRESS 2511 PONCE DELEON BLVD STE 320 CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33143 TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of 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 the provered.

EQUIREVincent Post, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/2000

Daytime Phone #