

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90081 045 ****70.00

DOCUMENT # 701923

1. Entity Name

THE COCONUT GROVE PLAYHOUSE, INC.

Principal Place of Business

Mailing Address

**3500 MAIN HWY
 COCONUT GROVE FL 33133
 US**

**3500 MAIN HWY
 COCONUT GROVE FL 33133
 US**

B3044000

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

7. Name and Address of New Registered Agent

**MITTELMAN, ARNOLD
 3500 MAIN HWY.
 COCONUT GROVE FL 33133**

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **POST, VINCENT**
 CITY-ST-ZIP **255 ALHAMBRA CIRCLE BANK UNITED
 CORAL GABLES FL 33134**

TITLE ☒ Change ☐ Addition
 NAME **T**
 STREET ADDRESS **Chairperson**
 CITY-ST-ZIP **Vincent Post
 255 Alhambra Circle - Bank United
 Coral Gables, Fl. 33134**

TITLE ☒ Delete
 NAME **TC**
 STREET ADDRESS **MARGOLIS, GWEN**
 CITY-ST-ZIP **111 NW FIRST ST STE 220
 MIAMI FL 33128**

TITLE ☒ Change ☒ Addition
 NAME **T**
 STREET ADDRESS **Vice Chairperson**
 CITY-ST-ZIP **Judge Michael Chavies
 73 W. Flagler - Rm 525
 Miami, Florida 33125**

TITLE ☒ Delete
 NAME **TVC**
 STREET ADDRESS **DAVIS, ALAN**
 CITY-ST-ZIP **200 S. BISCAYNE BLVD., STE 4000
 MIAMI FL 33131**

TITLE ☒ Change ☒ Addition
 NAME **T**
 STREET ADDRESS **Secretary**
 CITY-ST-ZIP **Peggy Hollander (Alexander Lynn & Assoc
 2665 S. Bayshore Dr. # 803
 Coconut Grove, Fl. 33133)**

TITLE ☒ Delete
 NAME **ST**
 STREET ADDRESS **BLOOM, WILLIAM**
 CITY-ST-ZIP **701 BRICKELL AVE 30TH FLOOR
 MIAMI FL 33131**

TITLE ☒ Change ☒ Addition
 NAME **T**
 STREET ADDRESS **Treasurer**
 CITY-ST-ZIP **Mitchell R. Less (Grant Thorton LLP)
 2700 S. Commerce Parkway #300
 Weston, Fl. 33331**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: K. William Kerlin, Director of Finance & Operations 3/6/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

305-442-2662