

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706850

1. Entity Name

VERO BEACH THEATRE GUILD INC.

Principal Place of Business

2020 SAN JUAN AVE  
VERO BEACH FL 32960  
US

Mailing Address

P.O. BOX 1502  
VERO BEACH FL 32961-1502  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

READ T. JOHNSON  
3236 FIRST STREET, SW  
VERO BCH. FL 32968

7. Name and Address of New Registered Agent

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

TITLE D ☐ Delete  
NAME JOHNSON, READ  
STREET ADDRESS 3236 FIRST STREET, SW  
CITY-ST-ZIP SABASTIAN FL 32960

TITLE D ☐ Delete  
NAME JEFF MAURER  
STREET ADDRESS 2215 20TH AVE.  
CITY-ST-ZIP VERO BCH. FL 32960

TITLE D ☐ Delete  
NAME SEELEY, HENRY W  
STREET ADDRESS 2300 INDIAN CREEK BLVD., #C-321  
CITY-ST-ZIP VERO BEACH FL 32966

TITLE D ☒ Delete  
NAME ~~FRIED, MARY ANN~~  
STREET ADDRESS ~~4017 SILVER PALM DRIVE~~  
CITY-ST-ZIP ~~VERO BEACH FL 32963~~

TITLE D ☐ Delete  
NAME MS. ANN MCCABE  
STREET ADDRESS 470 10TH PL SW  
CITY-ST-ZIP BERO BCH. FL 32962

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☐ Addition  
NAME Secretary  
STREET ADDRESS CAROLE STRAUSS  
CITY-ST-ZIP 11800 Seaview Dr.  
VERO BEACH, FL 32963

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

TITLE ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HENRY W. SEELEY

REQUIRED TREASURER.

Date

Daytime Phone #

(561) 562-8300

FILED  
Jan 19, 2000 8:00 am  
Secretary of State

01-19-2000 90123 049 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)