

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 09, 2001 8:00 am**  
**Secretary of State**

01-09-2001 90014 032 \*\*\*\*61.25

**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  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-6159056**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

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 **STRAUSS, Carole**

Street Address (P.O. Box Number is Not Acceptable)  
**11800 Seaview DR.**

City **VERO BEACH, FL.**

**FL**

Zip Code  
**32963**

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

*Carole Strauss*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/5/01**

**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 **S** ☒ Delete  
NAME **STRAUSS, CAROLE**  
STREET ADDRESS **11800 SEAVIEW DR**  
CITY-ST-ZIP **VERO BEACH FL 32963**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRES** ☒ Change ☐ Addition  
NAME **STRAUSS, carole.**  
STREET ADDRESS **11800 Seaview DR.**  
CITY-ST-ZIP **VERO BEACH, FL- 32963**

TITLE **VP.** ☒ Change ☐ Addition  
NAME **SULLIVAN, DANIEL**  
STREET ADDRESS **426 BISCAYNE LN.**  
CITY-ST-ZIP **SEBASTIAN, FL. 32958**

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

TITLE ☐ Change ☒ Addition  
NAME **SECRETARY BARTHELYMAN, Barbara**  
STREET ADDRESS **3615 LAS GRIERAS DR.**  
CITY-ST-ZIP **VERO BEACH, FL. 32967**

TITLE **D** ☐ Change ☒ Addition  
NAME **ENGLISH, JACK**  
STREET ADDRESS **605 WALL ST.**  
CITY-ST-ZIP **VERO BEACH, FL. 32960**

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:

*Carole Strauss*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/5/01**

**(561) 388-1049**

CR2E037 (10/00)