

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706850

1. Entity Name

VERO BEACH THEATRE GUILD INC.

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90036 015 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2020 SAN JUAN AVE  
VERO BEACH FL 32960  
US

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

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

7. Name and Address of New Registered Agent

STRAUSS, CAROLE  
11800 SEAVIEW DR  
VERO BEACH FL 32963

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 D STRAUSS - PRES. ☐ Delete  
NAME STRAUSS, CAROLE  
STREET ADDRESS 11900 SEAVIEW DR  
CITY-ST-ZIP VERO BEACH FL 32963

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

TITLE D ☐ Delete  
NAME SULLIVAN, DANIEL  
STREET ADDRESS 426 BISCAYNE LN  
CITY-ST-ZIP SEBASTIAN FL 32958

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

TITLE D ☒ Delete  
NAME SEELEY, HENRY W  
STREET ADDRESS 2300 INDIAN CREEK BLVD., #C-321  
CITY-ST-ZIP VERO BEACH FL 32968

TITLE TREASURER. ☐ Change ☒ Addition  
NAME LETTIERE, DOMINIC  
STREET ADDRESS 1295-24th Ave  
CITY-ST-ZIP Vero Beach, FL 32960

TITLE S ☐ Delete  
NAME BARTHOLMAN, BARBARA  
STREET ADDRESS 5615 LAS OCEANS DR  
CITY-ST-ZIP VERO BEACH FL 32968

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

TITLE D ☐ Delete  
NAME ENGLISH, JACK  
STREET ADDRESS 605 WALL ST  
CITY-ST-ZIP VERO BEACH FL 32960

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

TITLE ☐ Delete  
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:

*S/Signature of Lettier*

1/7/02 (561) 388-1049

CR2E037 (9/01)