

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711125

1. Entity Name

~~CAPE CORAL COMMUNITY THEATRE, INC.~~

CULTURAL PARK THEATRE COMPANY

N/c 12-7-00 (M)

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90506 035 ****61.25

Principal Place of Business

CULTURAL PARK THEATRE
528 CULTURAL PARK BLVD
CAPE CORAL FL 33990

Mailing Address

PO BOX 150022
COPE CORAL FL 33910

2. Principal Place of Business

Cultural Park Theatre

Suite, Apt. #, etc.

528 Cultural Park Blvd

City & State

Cape Coral, FL 33990

Zip Country

33990 USA

3. Mailing Address

PO Box 150022

Suite, Apt. #, etc.

City & State

Cape Coral, FL 33910

Zip Country

339

4. FEI Number

59-1155302

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLZER, CONSUELO
3933 SE 19TH AVE.
CAPE CORAL FL 33904

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 PD
NAME STOUT, MARILYN
STREET ADDRESS 2907 SW 29TH AVE
CITY-ST-ZIP CAPE CORAL FL 33914 ☐ Delete

TITLE TD
NAME GAGNE, EUGENE
STREET ADDRESS 3886 SE 7TH PL
CITY-ST-ZIP CAPE CORAL FL 33914 ☐ Delete

TITLE VD
NAME GRABOYES, MARILYN
STREET ADDRESS 735 SE 43RD ST
CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Delete

TITLE VD
NAME MANNO, LENI
STREET ADDRESS 4109 SE 9TH CT
CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Delete

TITLE ATD
NAME ANDERSON, SHIRLEY
STREET ADDRESS 14531 SHERBROOK PL # 102
CITY-ST-ZIP FORT MYERS FL 33912 ☒ Delete

TITLE SD
NAME BECCHINO, BARBARA
STREET ADDRESS 5020 Skyline Blvd
CITY-ST-ZIP Cape Coral, FL 33914 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
NAME
STREET ADDRESS 14600 Glen Cove Dr #302
CITY-ST-ZIP Ft Myers, FL 33919 ☒ Change ☐ Addition

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

TITLE VD
NAME Pauline Califano
STREET ADDRESS 4525 Country Club Blvd #108
CITY-ST-ZIP Cape Coral, FL 33904 ☒ Change ☐ Addition

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

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: **MARILYN STOUT** President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 30, 01

941-549-5629

Date Daytime Phone #

CR2E037 (10/00)