2002 UNIFORM BUSINESS REPORT (UBR)

0014153

DOCUMENT # 711125

1. Entity Name

CULTURAL PARK THEATRE COMPANY, INC.

FILED
02 AUG 26 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-08/26/02--01080--001
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DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
CULTURAL PARK THEATRE 528 CULTURAL PARK BLVD CAPE CORAL FL 33990	PO BOX 150022 COPE CORAL FL 33910

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 59-1155302 ☐ 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
HOLZER, CONSUELO 3933 SE 19TH AVE. CAPE CORAL FL 33904	Name PETER Ellithorpe Street Address (P.O. Box Number is Not Acceptable) 5345 DeLAMO Court City CAPE CORAL FL Zip Code 33904

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. I am familiar with, and accept the obligations of registered agent.

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*****0.25 *****0.75

SIGNATURE P. Ellithorpe DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

After September 13, 2002, min. will be $236.25.

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STOUT, MARILYN 2907 SW 29TH AVE CAPE CORAL FL 33914	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GRABOYES, MARILYN 14600 GLEN COVE DR #302 Fort Myers, FL. 33919	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GAGNE, EUGENE 3886 SE 7TH PL CAPE CORAL FL 33914	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Dave NABATOFF 4204 Country Club Blvd. Cape Coral, FL. 33904	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GRABOYES, MARILYN 14600 GLEN COVE DR #302 FORT MYERS FL 33919	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DR. John Minia 18800 Telgraph Cir. Alva, FL. 33920	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MANNO, LENI 4109 SE 9TH CT CAPE CORAL FL 33904	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD AVENELL LeMAR P.O. Box 152015 Cape Coral, FL. 33915-2015	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ATD CALIFANO, PAULINE 4525 COUNTRY CLUB BLVD #108 CAPE CORAL FL 33904	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Dorothy Buxton 4311 Lantana Circle N. Fort Myers, FL. 33903	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BECCHINO, BARBARA 5020 SKYLINE BLVD CAPE CORAL FL 33914	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD THERESA KERSEY 2918 NW 19th TERR. Cape Coral FL. 33993	☐ Change ☒ Addition

CR2E037 (4/02)

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 REQUIRED AVENELL LeMAR 8-12-02 (239) 418-5852