2000 UNIFORM BUSINESS REPORT (UBR)

8/16/00-90005-005-$61.25-$61.25

DOCUMENT # 714712

1. Entity Name

DAYTONA PLAYHOUSE, INC.

(R)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT -4 PM 4:22

Principal Place of Business	Mailing Address
100 JESSAMINE BLVD DAYTONA BEACH FL 32118	100 JESSAMINE BLVD DAYTONA BEACH FL 32118

DO NOT WRITE IN THIS SPACE

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 59-0828616 ☐ 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
~~BAKER JR., JOHN H.~~ ~~935 N. HALIFAX #210~~ ~~DAYTONA BEACH FL 32118~~ Roehrborn, Wm R 205 Ocean Dr New Smyrna Beach, FL 32169	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 W R Roehrborn, Treasurer Daytona Playhouse, Inc 7/30/00

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
After September 13, 2000 mln. 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	VD VILLEMONTE, PAUL G 935 N. HALIFAX #110 DAYTONA BEACH FL 32118	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Janet Deem 1665 Myrtle Jo Dr Ormond Bch, FL 32174	☒ Change ☐ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVD WEAVER, BOB 743 LUNA DR. ORMOND BEACH FL 32176	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	exec V.P Monica Sodeman 48 Ponce De Leon Dr Ormond Bch, FL 32176	☐ Change ☒ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GODEAU, LINDA 19 LAKE VISTA WAY ORMOND BEACH FL 32174	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Pauline Rylich 1315 Wanderry Oaks Dr Ormond Bch FL 32174	☐ Change ☒ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ROEHRBORN, BILL 205 OCEAN DR. NEW SMYRNA BEACH FL 32169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STENKO, JOHN 606 CELITO DR. NEW SMYRNA BEACH FL 32168	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. Finance Wm Tennent 6467 Longlake Dr Port Orange, FL 32127	☐ Change ☒ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BAKER, JOHN 935 N. HALIFAX DR DAYTONA BEACH FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/00)

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: W R Roehrborn SIGNATURE REQUIRED 7/30/00 904-423-1148

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #