

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90035 028 ****61.25

DOCUMENT # 718666

1. Entity Name

THEATRE WINTER HAVEN, INC.

Principal Place of Business

**210 CYPRESS GARDENS BLVD.
P O DRAWER 1230
WINTER HAVEN FL 33882-8230**

Mailing Address

**210 CYPRESS GARDENS BLVD.
P O DRAWER 1230
WINTER HAVEN FL 33882-8230**

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

59-1950683

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

**STEWART, LAWRENCE C J
659 AVE A NW
WINTER HAVEN FL 33881**

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 NAME STREET ADDRESS CITY-ST-ZIP	TIR JAEHNIGEN, ROLF 1314 28TH STREET NW WINTER HAVEN FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTR LEVASSEUR, HOWARD 999 OLEANDER DR SE WINTER HAVEN FL 33880	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SPRUNGER, LISA 210 SECURITY SQ WINTER HAVEN FL 33880	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FD RIGGS, MARILYN 137 HAMPDEN ROAD WINTER HAVEN FL 33884	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CETR DERSHIMER, MARCIE 1657-17TH STREET NW WINTER HAVEN FL 33881	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TIR RIGGS, MARILYN 137 HAMPDEN ROAD WINTER HAVEN, FL 33884	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTR GAMBLE, RON 1087 HWY 92 W. ADRIANDALE, FL 33823	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DUGGAR, DGB 133 22ND ST. N.W. WINTER HAVEN, FL 33880	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FD BOSTICK, TRACY 436 N. LAKE LULU DRIVE WINTER HAVEN, FL 33880-4465	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CETR PECIE, MARYLY VANLEER 1390 HOWARD TERRACE, NW WINTER HAVEN, FL 33881	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/2002

Date

863-299-2672

Daytime Phone #

CR2E037 (9/01)