

2001 UNIFORM BUSINESS REPORT (UBR)-

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90017 016 ****70.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # 719982 1. Entity Name THE BARN THEATRE, INC.				 DO NOT WRITE IN THIS SPACE							
Principal Place of Business 2400 S.E. OCEAN BLVD. P.O. BOX 1894 STUART FL 34995								Mailing Address 2400 S.E. OCEAN BLVD. P.O. BOX 1894 STUART FL 34995			
2. Principal Place of Business Suite, Apt. #, etc.								3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country								City & State Zip Country			
4. FEI Number 23-7425604				Applied For ☐ Not Applicable							
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent WARNER, THOMAS 1100 SOUTH FEDERAL HWY. 401 E. OSCEOLA STREET STUART FL 34994				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 _____ (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	PD GRANDMAISON, JOSEPH 1704 SE TIFFANY CLUB PL PORT SAINT LUCIE FL 34952	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Président Hope Morgan 721 NW Waterlilly Pl Jensen Beach FL 34957	☐ Change ☒ Addition	CR2E037 (10/00)					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVPD HILTON, RAY 2862 SW MARIPOSA CR PALM CITY FL 34990	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ Addition						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WYNNE, LAURIE 2488 NW HOLIDAY COURT STUART FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Anthony Colombo 2015 SE Bowie St Port St Lucie FL 34952	☐ Change ☒ Addition						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVPD SCARLETT GRAVES 8103 PACSO ROBELES BLVD. FORT PIERCE FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Adm. Vice President Jeanne V. Small 3744 SW Whispering Sound Dr. Palm City FL 34990	☐ Change ☒ Addition						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GORDON, HAROLD 1635 SW SILVER PINE WAY PALM CITY FL 34990	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ Addition						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ 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: <i>Hope Morgan</i>				Hope Morgan, Pres. 01/04/01 (561)287-4884							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #							