2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State
01-31-2002 90085 018 ****70.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # 719982

1. Entity Name

THE BARN THEATRE, INC.

Principal Place of Business	Mailing Address
2400 S.E. OCEAN BLVD. P.O. BOX 1894 STUART FL 34995	2400 S.E. OCEAN BLVD. P.O. BOX 1894 STUART FL 34995

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 23-7425604 ☐ 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
WARNER, THOMAS 1100 SOUTH FEDERAL HWY. 401 E. OSCEOLA STREET STUART FL 34994	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	PD MORGAN, HOPE 721 NW WATERLILLY PL JENSEN BEACH FL 34957	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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	Thea.Vice Pres. D Willy Laycock 601 Seaway Dr. Lot B-32 Fort Pierce FL 34949	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T D COLOMBO, ANTHONY 2015 SE BOWIE ST PORT SAINT LUCIE FL 34952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ADVP SMALL, JEANNE V 3744 SW WHISPERING SOUND DR PALM CITY FL 34990	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Adm.Vice Pres. D Francine Beckstead 4665 SE Candy Lane Stuart FL 34994	☐ 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	Secretary D Stephanie Levin 3704 Crabapple Dr Port St Lucie FL 34952	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: X SIGNATURE REQUIRED Hope L. Morgan, President 01/14/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(561)287-4884