

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723282

1. Entity Name

SUNCOAST YOUNG PEOPLE'S THEATRE, INC

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90071 012 ****61.25

Principal Place of Business

Mailing Address

6237 GRAND BOULEVARD
NEW PORT RICHEY FL 34652

6237 GRAND BOULEVARD
NEW PORT RICHEY FL 34652-2603

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1406158

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WILLIAMS, RICHARD C JR
6337 GRAND BLVD
NEW PORT RICHEY FL 34652

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 PD ☒ Delete
NAME LEBARON, BRUCE
STREET ADDRESS 2016 CALUSA TR
CITY-ST-ZIP NEW PT RICHEY FL

TITLE PD ☐ Change ☒ Addition
NAME Charles Skelton
STREET ADDRESS 6237 Grand Blvd.
CITY-ST-ZIP New Port Richey, FL 34652

TITLE SD ☒ Delete
NAME HECHT, WILMA
STREET ADDRESS 9735 HERMOSILLO DR
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE SD ☐ Change ☒ Addition
NAME Eileen Huntington
STREET ADDRESS 6237 Grand Blvd.
CITY-ST-ZIP New Port Richey, FL 34652

TITLE TD ☒ Delete
NAME SMAHAY, MARLENE
STREET ADDRESS 9808 HERMOSILLO DR
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE TD ☐ Change ☒ Addition
NAME Karen Amundson
STREET ADDRESS 6237 Grand Blvd.
CITY-ST-ZIP New Port Richey, FL 34652

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

Karen Amundson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/00
Date

727-842-6777
Daytime Phone #

CR2E037 (9/99)