

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90145 024 ****61.25

DOCUMENT # 725431

1. Entity Name

ST LUCIE COMMUNITY THEATRE INC

Principal Place of Business

Mailing Address

629 WEATHERBEE RD
 FORT PIERCE FL 34982
 US

3920 OAK HAMMOCK LANE
 FORT PIERCE FL 34981-4521

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7378281

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

BRAUN, WM. E.
3920 OAK HAMMOCK LANE
FT. PIERCE FL 34981

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 **SD** Delete
 NAME **LEVIN, STEPHANIE**
 STREET ADDRESS **3704 CRABAPPLE DRIVE**
 CITY-ST-ZIP **PORT ST LUCIE FL 34952**

TITLE **P D** Change Addition
 NAME **IRV FRIEDMAN**
 STREET ADDRESS **1326 S. E. VESTRIDGE LANE**
 CITY-ST-ZIP **PORT ST. LUCIE, FL. 34952**

TITLE **PD** Delete
 NAME **COLLINS, JOHN W**
 STREET ADDRESS **1006 TORTUGAS AVENUE**
 CITY-ST-ZIP **FT. PIERCE FL 34982**

TITLE **T D** Change Addition
 NAME **IDA R. DEL GIORNO**
 STREET ADDRESS **1526 S.E. PITCHER RD.**
 CITY-ST-ZIP **PORT ST. LUCIE, FL. 34952**

TITLE **D** Delete
 NAME **COLEMAN, KARAN J**
 STREET ADDRESS **1172 N.W. LOMBARDY DRIVE**
 CITY-ST-ZIP **PORT ST. LUCIE FL 34986**

TITLE **S D** Change Addition
 NAME **ELISA GROENDYKE**
 STREET ADDRESS **5808 PAPAYA DRIVE**
 CITY-ST-ZIP **PORT ST. LUCIE, FL. 34982**

TITLE **D** Delete
 NAME **HARDY, MYRIAM**
 STREET ADDRESS **431 NW ARCHER AVENUE**
 CITY-ST-ZIP **PORT ST LUCIE FL**

TITLE **D** Change Addition
 NAME **JOSEPH HARRIS**
 STREET ADDRESS **5900 TRAVELERS WAY**
 CITY-ST-ZIP **PORT ST. LUCIE, FL. 34983**

TITLE **VD** Delete
 NAME **COLLINS, JOHN**
 STREET ADDRESS **1006 TORTUGAS**
 CITY-ST-ZIP **FT PIERCE FL**

TITLE **VP D** Change Addition
 NAME **WALTER HEINRICH**
 STREET ADDRESS **1971 S. E. FLORESTA DRIVE**
 CITY-ST-ZIP **PORT ST. LUCIE, FL. 34983**

TITLE **D** Delete
 NAME **PROCINO, DIANE**
 STREET ADDRESS **4904 MYRTLE DR**
 CITY-ST-ZIP **FT PIERCE FL**

TITLE **D** Change Addition
 NAME **JOHN LOMBA**
 STREET ADDRESS **190 N. W. HEATHER**
 CITY-ST-ZIP **PORT ST. LUCIE, FL. 34983**

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:  **Wm. E. Braun**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-00 (561) 461-5365
 Date Daytime Phone #

CR2E037 (9/99)