

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90204 029 ****61.25

DOCUMENT # 725431

1. Entity Name

ST LUCIE COMMUNITY THEATRE INC

Principal Place of Business

629 WEATHERBEE RD
 FORT PIERCE FL 34982
 US

Mailing Address

3920 OAK HAMMOCK LANE
 FORT PIERCE FL 34961

2. Principal Place of Business

3. Mailing Address

P.O. BOX 12483

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FORT PIERCE, FLORIDA

4. FEI Number

23-7378281

Applied For

Not Applicable

Zip

Country

Zip

Country

34979-2483

ST. LUCIE

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: PD
 NAME: FRIEDMAN, IRV
 STREET ADDRESS: 1326 SE VESTRIDGE LANE
 CITY-ST-ZIP: PORT SAINT LUCIE FL 34952 Delete

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

TITLE: PD
 NAME: DEL GIORNO, IDA R
 STREET ADDRESS: 1526 SE PITCHER RD
 CITY-ST-ZIP: PORT SAINT LUCIE, FL 34952 Delete

TITLE: VP D
 NAME: HUMPHRIES, JOANNE
 STREET ADDRESS: 7449 CARLTON ROAD
 CITY-ST-ZIP: FORT PIERCE, FL. 34988 Change Addition

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

TITLE: D
 NAME: EBNER, KAY
 STREET ADDRESS: 803 FRENCH CREEK LANE
 CITY-ST-ZIP: FORT PIERCE, FL. 34982 Change Addition

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

TITLE: T D
 NAME: MARCAZZOLO, CHRISTINE
 STREET ADDRESS: 1045 S.W. JENNIFER TERRACE
 CITY-ST-ZIP: PORT ST. LUCIE, FL. 34953 Change Addition

TITLE: VPD
 NAME: HEINRICH, WALTER
 STREET ADDRESS: 5900 TRAVLERS WAY
 CITY-ST-ZIP: PORT SAINT LUCIE FL 34983 Delete

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

TITLE: D
 NAME: LOMBA, JOHN
 STREET ADDRESS: 190 NW HEATHER
 CITY-ST-ZIP: PORT SAINT LUCIE FL 34983 Delete

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wm. E. Braun RECORDED - Wm. E. Braun 01-23-01

Date

Daytime Phone #

561-461-5365

CR2E037 (10/00)

Attachments
#725431
D00010822

ST. LUCIE COMMUNITY THEATRE, INC.

MAILING ADDRESS: P.O. BOX 12483
FORT PIERCE, FL. 34979-2483
FEI NUMBER: 23-7378281
DOCUMENT # 725431

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ADDITIONAL DIRECTORS, BLOCK 10

D
GROENDYKE, ELISA
5808 PAPAYA DRIVE
FT. PIERCE, FL. 34982

D
HARRIS, JOSEPH
5900 TRAVELERS WAY
FT. PIERCE, FL. 34982

D
ZEITZ, AUDREY
38 MANOR DRIVE
FT. PIERCE, FL. 34982

HONORARY DIRECTORS WITHOUT VOTE

COWLES, WILMA
11170 MULLER ROAD
FT. PIERCE, FL. 34945

BRAUN, WM. E. (ADMINISTRATIVE OFFICER WITHOUT VOTE DESIGNATED COMPTROLLER AND AGENT)
3920 OAK HAMMOCK LANE
FT. PIERCE, FL. 34981