

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 05, 2001 08:00 AM**
Secretary of State**DOCUMENT # 729241****1. Entity Name**
REPERTORY LIBRARY THEATRE, INC.**Principal Place of Business**
C/O ROY VANN HELMS
152 SW 23 ROAD
MIAMI FL 33129
Mailing Address
P O BOX 6071
WEST PALM BCH FL 334050071
US**2. Principal Place of Business**
C/O R. L. TOBIN**3. Mailing Address**
Suite, Apt. #, etc.
P. O. BOX 6071**City & State**
WEST PALM BEACH FL**City & State****Zip**
334050071
Country
US**Zip**
Country**4. FEI Number**
59-1536047
Applied For
☐ **Not Applicable****5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent**TOBIN RICHARD L
727 TUSCALOOSA ST

W PALM BCH FL 33405
US**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** **09/05/2001**
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 <input type="checkbox"/> Delete	NAME	OSMAN NANCY	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	MARSIC JOANNE I
STREET ADDRESS	8890 SW 62 TERR	CITY-ST-ZIP	MIAMI FL 33173	STREET ADDRESS	6905 SW 65 AVE	CITY-ST-ZIP	MIAMI FL 33143
TITLE	VD <input type="checkbox"/> Delete	NAME	GATES JAMES R	TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	GATES JAMES R
STREET ADDRESS	316 PLYMOUTH RD.	CITY-ST-ZIP	WEST PALM BEACH FL	STREET ADDRESS	316 PLYMOUTH RD.	CITY-ST-ZIP	WEST PALM BEACH FL 33405
TITLE	STD <input type="checkbox"/> Delete	NAME	HELMS ROY VANN	TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	HELMS ROY VANN
STREET ADDRESS	152 SW 23RD ROAD	CITY-ST-ZIP	MIAMI FL	STREET ADDRESS	5281 SW 95 AVE	CITY-ST-ZIP	COOPER CITY FL 33328
TITLE	<input type="checkbox"/> Delete	NAME		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	
STREET ADDRESS		CITY-ST-ZIP		STREET ADDRESS		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	NAME		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	
STREET ADDRESS		CITY-ST-ZIP		STREET ADDRESS		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	NAME		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	
STREET ADDRESS		CITY-ST-ZIP		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)(f), 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:** Joanne E. Marsic **PD** **09/05/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)