

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 730619

FILED  
Apr 10, 2003  
Secretary of State

**Entity Name:** THE HIPPODROME STATE THEATRE, INC.

**Current Principal Place of Business:**

25 SOUTHEAST 2ND PLACE  
GAINESVILLE, FL 32601

**New Principal Place of Business:**

**Current Mailing Address:**

25 SOUTHEAST 2ND PLACE  
GAINESVILLE, FL 32601

**New Mailing Address:**

**FEI Number:** 59-1590987

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CURRY, MICHAEL C.  
25 SE 2 PLACE  
GAINESVILLE, FL 32601

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HAUSCH, MARY,  
Address: 546 NE 6 AVE  
City-St-Zip: GAINESVILLE, FL

Title: SD ( ) Delete  
Name: LASSETER, SHIRLEY,  
Address: 25 SE 2ND PL  
City-St-Zip: GAINESVILLE, FL

Title: VP ( ) Delete  
Name: WALL ASSE, MARILYN  
Address: 25 SE 2ND PLACE  
City-St-Zip: GAINESVILLE 00000,

Title: TD ( ) Delete  
Name: CURRY, MICHAEL C  
Address: 25 SE 2 PLACE  
City-St-Zip: GAINESVILLE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY E HAUSCH

PD

04/10/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date