

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90020 037 ****61.25

UBR0121

DOCUMENT # 734869

1. Entity Name

GULF ISLANDS CIVIC THEATRE, INC.

Principal Place of Business

5620 S. HAPPY DRIVE
 C/O GLADYS DIPASCA
 HOMOSASSA FL 34446

Mailing Address

5620 S. HAPPY DRIVE
 C/O GLADYS DIPASCA
 HOMOSASSA FL 34446

2. Principal Place of Business

772 N. Enterprise Pt.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 241

Suite, Apt. #, etc.

City & State
Lecanto, Florida

City & State
Crystal River, FL 34423

4. FEI Number **59-1727496**

Applied For

Not Applicable

Zip
34461

Country
Citrus

Zip
34423

Country
Citrus

5. Certificate of Status Desired **\$8.75** Additional Fee Required.

6. Name and Address of Current Registered Agent

BLANKEN LAWRENCE
9556 W CRANBERRY ST
CRYSTAL RIVER FL 34428

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	D	<input type="checkbox"/> Delete
NAME	PHILLIPS, CAROL	
STREET ADDRESS	3231 S ARUNDEL TERRACE	
CITY-ST-ZIP	HOMOSASSA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, GARY	
STREET ADDRESS	5730 W. PINE CIRCLE	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	AUGUSTINE, JERI	
STREET ADDRESS	1209 PARADISE AVENUE	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	DI PASCA, GLADYS V.	
STREET ADDRESS	5620 S. HAPPY DRIVE	
CITY-ST-ZIP	HOMOSASSA FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	BLANKEN, LAWRENCE	
STREET ADDRESS	9556 W CRANBERRY ST	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LA GUIDICE, JAMES	
STREET ADDRESS	7534 W HUNTERHILL ST	
CITY-ST-ZIP	CRYSTAL RIVER FL	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roettger, Sharon	
STREET ADDRESS	6466B W. Arter St.	
CITY-ST-ZIP	Crystal River, FL 34444	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: *Jeri Augustine* Secretary **Jeri Augustine** 4/28/01 352-795-3077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)