

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736768

1. Entity Name

THE MARATHON COMMUNITY THEATRE INC.

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90216 044 \*\*\*\*61.25

Principal Place of Business

5101 OVERSEAS HWY  
MARATHON FL 33050  
US

Mailing Address

P O BOX 500124  
MARATHON FL 33050-0124

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1692300

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

ALBRITTON, LAWRENCE E.  
2975 OVERSEAS HWY  
MARATHON FL 33050

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	<input type="checkbox"/> Delete
NAME	IRWIN, RITA	
STREET ADDRESS	PO BOX 522875	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, MARY	
STREET ADDRESS	PO BOX 510564	
CITY-ST-ZIP	KEY COLONY BEACH FL 33051	
TITLE	T	<input type="checkbox"/> Delete
NAME	ANGIULO, ANTON M	
STREET ADDRESS	107B- ANGLERS DRIVE NORTH	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARCO, RAY DI	
STREET ADDRESS	839 COPA D'ORO	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	D	<input type="checkbox"/> Delete
NAME	KREH, BUD	
STREET ADDRESS	108 SUNSET DRIVE	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERGERSON, RON	
STREET ADDRESS	PO BOX 593	
CITY-ST-ZIP	KEY COLONY BEACH FL 33051	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	EXEC VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANE DISKO MADDEN	
STREET ADDRESS	100th ST-OCEAN	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIANNE KRAMARZ	
STREET ADDRESS	1197 52nd ST GULF	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	VP PRODUCTION	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANN HART PURVITIS	
STREET ADDRESS	119 TONER LANE	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARILYN TEMPEST	
STREET ADDRESS	900 CORTE DEL SOL	
CITY-ST-ZIP	MARATHON FL 33050	

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

Date

Daytime Phone #

1/10/2000 305 743-0408

CR12E037 (9/99)