

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736768

1. Entity Name

THE MARATHON COMMUNITY THEATRE INC.

Principal Place of Business

Mailing Address

5101 OVERSEAS HWY  
MARATHON FL 33050  
US

P O BOX 500124  
MARATHON FL 33050

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1692300

Applied For

Not Applicable

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	EVP	<input type="checkbox"/> Delete
NAME	MADDEN, JANE DISKO	
STREET ADDRESS	100TH ST OCEAN	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	KRAMARZ, MARIANNE	
STREET ADDRESS	1197 52ND ST GULF	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	VPP	<input type="checkbox"/> Delete
NAME	PURVITIS, ANN HART	
STREET ADDRESS	119 TONER LANE	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KREH, BUD	
STREET ADDRESS	108 SUNSET DRIVE	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	TEMPEST, MARILYN	
STREET ADDRESS	900 CORTE DEL SOL	
CITY-ST-ZIP	MARATHON FL 33050	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	307 FERRIERE ST.	
CITY-ST-ZIP	MARATHON, FL 33050	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEMARCO, SUE	
STREET ADDRESS	839 COPA D'ORO	
CITY-ST-ZIP	MARATHON, FL 33050	
TITLE	EVP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ESTLOW, BERT	
STREET ADDRESS	116 CALLE ENSUEÑO	
CITY-ST-ZIP	MARATHON, FL 33050	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCEWEN, CLAUDIA	
STREET ADDRESS	P.O. BOX 501136	
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 of MCEWEN, CLAUDIA*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/01

305-742-0408

Date

Daytime Phone #

CR2E037 (10/00)

0034 3

FILED  
Apr 03, 2001 8:00 am  
Secretary of State

04-03-2001 90078 001 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE