

# 2000 UNIFORM BUSINESS REPORT (UBR)

5

DOCUMENT # 744332

1. Entity Name

FLORIDA STAGES NETWORK, INC.

Principal Place of Business

Mailing Address

% J. PENDELTON GAINES  
1405 DOLIVE DRIVE  
ORLANDO FL 32803

% J. PENDELTON GAINES  
1405 DOLIVE DRIVE  
ORLANDO FL 32803-1907

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

59-1859377

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

GAINES, J. PENDLETON  
1405 DOLIVE DRIVE  
ORLANDO FL 32803

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
GAINES, PATRICIA A.  
500 RUBY  
ORLANDO FL 32804 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
POPE, PAMELA  
4237 WINDERLAKE DR.  
ORLANDO FL 32835 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GAINES, DAVIS  
6868 LAKERIDGE RD.  
LOS ANGELES CA 90068 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
R. J. Pendleton Gaines  
1405 Dolive Dr.  
Orlando FL 32807 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 authority like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jul 10, 2000 8:00 am  
Secretary of State

07-10-2000 90176 001 \*\*\*\*52.50

05-24-2000 90044 026 \*\*\*\*35.00



DO NOT WRITE IN THIS SPACE

DOC #3 700751  
744332

18233  
18234

June 25, 2000

**SPECIAL MEMO**

**To: Division of Corporations  
Department of State**

From: J. Pendleton (Pen) Gaines.

When we received your notice that the wrong amount was sent in for a number of corporations, checks were prepared the same day received and, we thought, all were mailed.

The enclosed—typed on June 12—was filed with papers rather than sent. Please accept our apology for the mistake. These are for two non-profit organizations.

Thanks, Pen Gaines