2001 UNIFORM BUSINESS REPORT (UBR)

4/26

FILED
May 23, 2001 8:00 am
Secretary of State
04-26-2001 90239 007 ****61.25

DOCUMENT # 755489

1. Entity Name

TALLAHASSEE LITTLE THEATRE,INC.

Principal Place of Business	Mailing Address
1861 THOMASVILLE RD. PO BOX 3262 TALLAHASSEE FL 32315-0262	P.O. BOX 3262 TALLAHASSEE FL 32315

DO NOT WRITE IN THIS SPACE

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 59-6140228 ☐ 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
SHERWIN, RICHARD 616 ACORN GROVE CT TALLAHASSEE FL 32312	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 Richard R. Sherwin, Treas. 4/20/01

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		Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		Change / Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REILLY, DENNIS 3315 WHIRLANY TRAIL TALLAHASSEE FL 32308	☐	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUBLETTE, DICK 2305 DON PATRICIO TALLAHASSEE FL 32304	☑ ☐ D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCCRORY, JOHN 501 BLAIRSTONE RD #201 TALLAHASSEE FL 32301	☑	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOCKRIDGE, MELANIE 4913 PARKHILL RD. TALLAHASSEE FL 32311	☑ ☐ D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILSON, MAUREEN 312 CHESTNUT DR TALLAHASSEE FL 32301	☑	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DE MELLO, BEV 3986 CALLE DE SANTOS TALLAHASSEE, FL 32311	☑ ☐ D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHETRWIN, RICHARD 616 ACORN GROVE CT TALLAHASSEE FL 32312	☐	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SHERWIN	☑ ☐ D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD THOMPSON, HOLLY 1730 MAHAN DR TALLAHASSEE FL 32308	☐	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ ☐

CR2E037 (10/00)

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: Richard R. Sherwin 4/20/01 850-385-7622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #