

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767129

1. Entity Name

LITTLE THEATRE OF NEW SMYRNA BEACH, INCORPORATED

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90118 042 ****61.25

Principal Place of Business
726 THIRD AVE.
P.O. BOX 114
NEW SMYRNA BEACH FL 32170

Mailing Address
726 THIRD AVE.
P.O. BOX 114
NEW SMYRNA BEACH FL 32170-0114

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2173307

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SPENCE, HAL E
221 N CAUSEWAY
NEW SMYRNA BEACH FL 32169

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 V ☐ Delete
NAME GRIFFIN, NEIL
STREET ADDRESS 2202 INDIA PALM DRIVE
CITY-ST-ZIP EDGEWATER FL 32141

TITLE V ☒ Change ☐ Addition
NAME BETSY JOHNSON
STREET ADDRESS 867 WINDOVER CT #505
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

TITLE P ☐ Delete
NAME PETERS, CARLTON
STREET ADDRESS 607 OLEAN AVE.
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

TITLE P ☒ Change ☐ Addition
NAME SHELLY WAWRZANEK
STREET ADDRESS 607 TURNSTONE TRAIL
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

TITLE S ☐ Delete
NAME TAYLOR, JANE
STREET ADDRESS 827 EVERGREEN
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

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

TITLE T ☐ Delete
NAME HUGHES, DOTTIE
STREET ADDRESS 205 OCEAN DRIVE
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

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

TITLE D ☐ Delete
NAME MCCORMICK, NANCY
STREET ADDRESS 126 NEW HAMPSHIRE AVENUE
CITY-ST-ZIP EDGEWATER FL 32132

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

TITLE D ☐ Delete
NAME ZILL, DEBBI
STREET ADDRESS 704 FRANCIS AVENUE
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

TITLE ☐ Change ☐ 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:

Signature of Dottie Hughes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAN. 26 2000 904-423-1140