2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State
03-08-2001 90093 033 ****61.25

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DOCUMENT # 767129

1. Entity Name

LITTLE THEATRE OF NEW SMYRNA BEACH, INCORPORATED

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

AU029718

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 59-2173307 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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	V GRIFFIN, NEIL 2202 INDIA PALM DRIVE EDGEWATER FL 32141	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DEBI LAIBE 659 S. PINE ST. NEW SMYRNA BEACH, FL 32169	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PETERS, CARLTON 607 OLEAN AVE. NEW SMYRNA BEACH FL 32169	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PAT DARLINGTON 714 SKYTREE COURT NEW SMYRNA BEACH, FL 32168	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S TAYLOR, JANE 827 EVERGREEN NEW SMYRNA BEACH FL 32169	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S NANCY LINN 1 LAKE FAIRGREEN CIRCLE NEW SMYRNA BEACH, FL 32168	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HUGHES, DOTTIE 205 OCEAN DRIVE NEW SMYRNA BEACH FL 32169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DOTTIE HUGHES 205 OCEAN DR NEW SMYRNA BEACH FL 32169	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCORMICK, NANCY 126 NEW HAMPSHIRE AVENUE EDGEWATER FL 32132	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAMILLE DICKINSON 4238 SUN VILLAGE COURT NEW SMYRNA BEACH, FL 32169	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZILL, DEBBI 704 FRANCIS AVENUE NEW SMYRNA BEACH FL 32168	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHELLY WAWRZONEK 607 TURNSTONE TRACE NEW SMYRNA BEACH, FL 32168	☐ Change ☒ Addition

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: _____ 3/1/01 386-423-1148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

NOTARY REQUIRED