2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State
03-26-2002 90012 002 ****61.25

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

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	7. Name and Address of New Registered Agent
SPENCE, HAL E 221 N CAUSEWAY NEW SMYRNA BEACH FL 32169	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 LAIBE, DEBI 659 S PINE STREET NEW SMYRNA BEACH FL 32169	☒ Delete	S KEYES, ESTTE 2401 S ATLANTIC #C-205 NEW SMYRNA BEACH, FL 32169	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DARLINGTON, PAT 714 SKY TREE COURT NEW SMYRNA BEACH FL 32168	☒ Delete	D ZILL, DEBBE 704 FRANCIS AVE NEW SMYRNA BEACH, FL 32168	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LINN, NANCY 1 LAKE FAIRGREEN CIRCLE NEW SMYRNA BEACH FL 32168	☐ Delete	D LINN, NANCY 1 LAKE FAIRGREEN CIRCLE NEW SMYRNA BEACH, FL 32168	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HUGHES, DOTTIE 205 OCEAN DRIVE NEW SMYRNA BEACH FL 32169	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DICKINSON, CAMILLE 4238 SUN VILLAGE COURT NEW SMYRNA BEACH FL 32169	☐ Delete	T DICKINSON, CAMILLE 4238 SUN VILLAGE COURT NEW SMYRNA BEACH, FL 32169	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WAWRZONEK, SSHELLY 607 TURNSTONE TRACE NEW SMYRNA BEACH FL 32168	☐ Delete	V WAWRZONEK, SHELLY 607 TURNSTONE TRACE NEW SMYRNA BEACH, FL 32168	☒ Change ☐ Addition

CR2E037 (9/01)

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] DOTTIE HUGHES 3/7/02 352-423-1148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #