

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C10013

1. Entity Name

ST. PETERSBURG LITTLE THEATRE, INCORPORATED

Principal Place of Business

Mailing Address

4025 31ST STREET SOUTH
ST PETERSBURG FL 33712

4025 31ST STREET SOUTH
ST PETERSBURG FL 33712-4047

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

59-1006406

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

HUMPHREY, E GORDON
4325 DARTMOUTH AVE N
ST PETERSBURG FL 33713

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 P ☒ Delete
NAME KELLER, TREVOR
STREET ADDRESS 1102 55TH ST. S.
CITY-ST-ZIP GULFPORT FL 33707

TITLE VP ☐ Change ☒ Addition
NAME ONEAL, MILTON H.
STREET ADDRESS 12275 5TH STREET E
CITY-ST-ZIP TREASURE ISLAND, FL 33706

TITLE VP ☐ Delete
NAME BOWEN, CHARLES G
STREET ADDRESS 5624A LYNN LAKE DR S
CITY-ST-ZIP ST. PETERSBURG FL 33712

TITLE D ☐ Change ☒ Addition
NAME LAMB, MARY J.
STREET ADDRESS 3301 14TH STREET N
CITY-ST-ZIP ST. PETERSBURG, FL 33704

TITLE D ☐ Delete
NAME DOWNS, HELEN
STREET ADDRESS 6416 7TH AVE. N.
CITY-ST-ZIP ST. PETERSBURG FL 33710

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

TITLE S ☐ Delete
NAME COOK, SHARON
STREET ADDRESS 812 LIVE OAK TERR NE
CITY-ST-ZIP ST. PETERSBURG FL 33703

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

TITLE D ☐ Delete
NAME CHEEK, CECIL
STREET ADDRESS 1061 14TH AVE N
CITY-ST-ZIP ST. PETERSBURG FL

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

TITLE T ☐ Delete
NAME KNUCKEY, NANCY
STREET ADDRESS 4002 38TH WAY S., #511
CITY-ST-ZIP ST PETERSBURG FL 33711

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:

Nancy A. Knuckey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/15/00

Daytime Phone #

927-866-2059

CR2E037 (9/99)