

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J83228

1. Entity Name

STAGE AMERICA, INC.

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90286 035 \*\*\*150.00

Principal Place of Business

Mailing Address

36TH ST SW  
FL 32811

4399 36TH STREET SR  
ORLANDO FL 32811-6505  
US

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

65-0052076

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

FRANKLIN, RAYMOND W.  
4399 36TH ST SW  
ORLANDO FL 32811

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<p><b>D</b> <input type="checkbox"/> Delete FRANKLIN, RAYMOND W. 4399 36TH STREET SW ORLANDO FL 32811</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>
<p><b>D</b> <input type="checkbox"/> Delete FITE, MARK A. 4399 36TH STREET SW ORLANDO FL 32811</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>
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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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raymond W. Franklin 2/16/00 (407)872-3333

Date

Daytime Phone #

CR2E034 (9/99)