

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M96473

1. Entity Name

STAGES PRODUCTIONS, INC.

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

05-11-2000 90313 004 \*\*\*158.75

Principal Place of Business

Mailing Address

1131 TURTLE LAKE COURT  
OCOE FL 34761-9100  
US

1131 TURTLE LAKE COURT  
OCOE FL 34761-9100  
US

2. Principal Place of Business

3. Mailing Address

616 2<sup>nd</sup> Street

616 2<sup>nd</sup> Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

INDIAN ROCKS BEACH, FL

INDIAN ROCKS BEACH, FL

Zip

Country

Zip

Country

33785 U.S.

33785 U.S.

4. FEI Number

59-2910194

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

D'ONOFRIO, RICHARD  
1131 TURTLE LAKE COURT  
OCOE FL 34761

Name

RICHARD D'ONOFRIO

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

616 2<sup>nd</sup> Street

City

INDIAN ROCKS BEACH

FL

Zip Code

33785

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.

RICHARD D'ONOFRIO PRESIDENT

4-28-00

(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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	D'ONOFRIO, RICHARD	
STREET ADDRESS	1131 TURTLE LAKE COURT	
CITY-ST-ZIP	OCOE FL 34761	
TITLE	STD	<input type="checkbox"/> Delete
NAME	D'ONOFRIO, TERRI	
STREET ADDRESS	1131 TURTLE LAKE COURT	
CITY-ST-ZIP	OCOE FL 34761	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	616 2 <sup>nd</sup> Street	
STREET ADDRESS	INDIAN ROCKS BEACH, FL	
CITY-ST-ZIP	33785	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	616 2 <sup>nd</sup> Street	
STREET ADDRESS	INDIAN ROCKS BEACH, FL	
CITY-ST-ZIP	33785	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD D'ONOFRIO 4-28-00 727-517-2376

Date

Daytime Phone #

CR2E034 (9/99)