2001 UNIFORM BUSINESS REPORT (UBR)

05-18-2001 91582 035 ****61.25
N00000053561
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC -7 PM 4:00

DOCUMENT # N00000053561

1. Entity Name
Palm Beach Repertory Theater, Inc.

Principal Place of Business	Mailing Address
1182 Beach Rd. Singer Island, FL 33404	

A0070115

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Same	NO change
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0054859 ☐ 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
~~FEC~~ John Arndt 1182 Beach Rd Singer Island FL 33404	Name: NO change 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 NO change in registered office or registered agent. DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Required Agent signature required for each box checked)

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

FILE NOW!!! FEE IS ~~$150.00~~ $61.25
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. NO ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete John Arndt, Artistic Director & President 1182 Beach Rd, Singer Island, FL 33404	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition NO change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete Lindalee Ralfi, Coordinator - P 222 Edward LN Palm Beach Shores FL 33404	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition no change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete Donna Barlett, Secretary, Funding Chair 11775 Laurel Valley Circle Wellington FL 33414	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition NO change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete (NO deletions)	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition AD

CR2E034 (11/00)

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 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: Donna Barlett — Donna Barlett, Secretary/Funding Chairman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #