

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90094 026 ***61.25

DOCUMENT # N00000008067

1. Entity Name
ON THE BOARDS THEATRE COMPANY, INC.



Principal Place of Business

**401 NE 14TH AVE.
FT. LAUDERDALE FL 33301
33**

Mailing Address

**401 NE 14TH AVE.
FT. LAUDERDALE FL 33301
33**

2. Principal Place of Business

56 N. Federal Hwy

3. Mailing Address

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Dania Beach FL

City & State

FL

4. FEI Number **65-1072878**

Applied For

Not Applicable

Zip

33004

Country

Broward

Zip

33004

Country

FL

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GROSMAN, ALLAN M
401 NE 14TH AVE.
FT. LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Allan Michael Grozman

04/10/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	MD	<input type="checkbox"/> Delete
NAME	WELLS, LINDA	
STREET ADDRESS	401 NE 14TH AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	P	<input type="checkbox"/> Delete
NAME	GROSMAN, ALLAN M	
STREET ADDRESS	401 NE 14TH AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAPPELLO, JOSEPH	
STREET ADDRESS	3578 SW 49 CT	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JONES, VANCE B	
STREET ADDRESS	9387 NASSAU DR	
CITY-ST-ZIP	MIAMI FL 33189	
TITLE	D	<input type="checkbox"/> Delete
NAME	ORLANDO, CATHY	
STREET ADDRESS	14688 SW 174 ST	
CITY-ST-ZIP	MIAMI FL 33187	
TITLE	D	<input type="checkbox"/> Delete
NAME	YAWNEY, MICHAEL	
STREET ADDRESS	777 S. ATLANTIC AVE, STE Z PMB 102	
CITY-ST-ZIP	DELRAY BEACH FL 33483	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Don Crinklaw	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Board Member	
STREET ADDRESS	1751 Surf Rd N.	
CITY-ST-ZIP	Hollywood FL 33019	
TITLE	Board Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Amy Bandolik	
STREET ADDRESS	1300 SE 1 St #12	
CITY-ST-ZIP	Ft. Lauderdale FL 33301	
TITLE	Board Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George Jason	
STREET ADDRESS	45490 SW 37 Ave	
CITY-ST-ZIP	Dania Beach FL 33004	
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		

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: *Linda Wells* **SIGNATURE REQUIRED** *Apr. 11, 2003 754-513-0506*

CR2E037 (10/02)