

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

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90074 041 ****70.00

DOCUMENT # NO1000004961

1. Entity Name

BACKLIGHT THEATRE GROUP, INC.



Principal Place of Business

**4665 RAGGEDY POINT RD
ORANGE PARK FL 32203**

Mailing Address

**4665 RAGGEDY POINT RD
ORANGE PARK FL 32203**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

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

MANN, TIMOTHY

**4665 RAGGEDY POINT RD
ORANGE PARK FL 32203**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	DIR HALL, YOUNG E MR.	<input type="checkbox"/> Delete
STREET ADDRESS	4124 ALHAMBRA DRIVE WEST	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE NAME	CHM MANN, TIMOTHY MR.	<input type="checkbox"/> Delete
STREET ADDRESS	4665 RAGGEDY POINT ROAD	
CITY-ST-ZIP	ORANGE PARK FL 32003	
TITLE NAME	DIR RYAN, JOHN T MR.	<input type="checkbox"/> Delete
STREET ADDRESS	237 LINKSIDE CIRCLE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE NAME	DIR CURRAN, DANIEL R	<input type="checkbox"/> Delete
STREET ADDRESS	12065 CRANEFoot DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	TREASURER AND DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Timothy Mann* **REQUITIMOTHY MANN**

3/4/03

904-353-4311

CR2E037 (10/02)