

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

0070622

DOCUMENT # NO1000008688

1. Entity Name **STAR Christian Center and  
STAGEDOOR THEATRE ARTS AND RESOURCE CENTER, INC.  
Academy, INC.**



FILED

03 JUL -8 PM 3:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1930 NE WALDO RD  
GAINESVILLE FL 32609

Mailing Address

PO BOX 5274  
GAINESVILLE FL 32602

2. Principal Place of Business

1930 NE Waldo

3. Mailing Address

P.O. BOX 5274

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Gainesville, FL

City & State

Gainesville, FL

4. FEI Number 01-0599457

Applied For

Not Applicable

Zip

32609

Country

Alachua

Zip

32602

Country

Alachua

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DYKES, PHYLLIS  
1930 WALDO RD  
GAINESVILLE FL 32609

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-15-03

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 DP  
NAME DYKES, PHYLLIS  
STREET ADDRESS 8702 NW 28 TERRACE  
CITY-ST-ZIP GAINESVILLE FL 32653 ☐ Delete

TITLE D  
NAME WILSON, RHONDA  
STREET ADDRESS 1120 SW 41 PL  
CITY-ST-ZIP GAINESVILLE FL 32609 ☒ Delete

TITLE ST  
NAME THOMAS, SHEILA  
STREET ADDRESS 601 S MAIN ST  
CITY-ST-ZIP GAINESVILLE FL 32601 ☐ Delete

TITLE DV  
NAME THOMAS-SALLTER, DEBRA  
STREET ADDRESS 2234 NW 41 PL  
CITY-ST-ZIP GAINESVILLE FL 32605 ☐ Delete

TITLE D  
NAME THOMAS, PHILLIP PASTOR  
STREET ADDRESS 2218 NE 67 DR  
CITY-ST-ZIP GAINESVILLE FL 32609 ☐ Delete

TITLE D  
NAME THOMAS, LEO F  
STREET ADDRESS 1227 SE 6 ST  
CITY-ST-ZIP GAINESVILLE FL 32641 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V  
NAME Thomas-Sallter, Debra  
STREET ADDRESS 2234 NW 41 PL  
CITY-ST-ZIP Gainesville, FL 32605 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE REQUIRED

4/28/03

(352) 336-5300

CR2E037 (10/02)