

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06072

1. Entity Name

SEASIDE MUSIC THEATER, INC.

Principal Place of Business

901 SIXTH ST.
DAYTONA BEACH FL 32117

Mailing Address

P.O. BOX 2835
DAYTONA BEACH FL 32120

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2501526

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

KENDALL, DAVID R
901 SIXTH STREET
DAYTONA BEACH FL 32117

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
DAVIDSON, HERBERT M., JR.
901 SIXTH ST.
DAYTONA BEACH FL 32117 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
See Attached List. ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
TRUILO, JULIA DAVIDSON
901 SIXTH ST.
DAYTONA BEACH FL 32117 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DTAS
KANEY, GEORGIA M.
901 SIXTH STREET
DAYTONA BEACH FL 32117 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
DAVIDSON, MARC L.
901 SIXTH ST.
DAYTONA BEACH FL 32117 ☒ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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)(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 another like empowered.

SIGNATURE:

David R. Kendall 2-28-01 904-252-1511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90120 022 ****61.25

00023125



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

Board of Directors
Seaside Music Theater

William M. Gillespie, Esq.
**President/Assistant Secretary/
Assistant Treasurer**
P. O. Box 580
New Smyrna Beach, FL 32170

Linda Hargreaves
**Vice President/Secretary/
Assistant Treasurer**
1848 John Anderson Dr.
Ormond Beach, FL 32176

Dr. Thomas C. Kelly
Treasurer/Assistant Secretary
89 S. Atlantic Ave, Unit 1004
Ormond Beach, FL 32176