

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 04, 2000 08:00 AM
Secretary of State

DOCUMENT # **N08230**

1. Entity Name
FLORIDA STAGE, INC.

Principal Place of Business

262 SOUTH OCEAN BLVD

MANALAPAN
33462

FL

Mailing Address

262 SOUTH OCEAN BLVD

MANALAPAN
33462

FL

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

59-2551430

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TYRRELL, LOUIS
4 17TH STREET S

LAKE WORTH
33460

US

FL

Name

TYRRELL, LOUIS

Street Address (P.O. Box Number is Not Acceptable)

4 17TH STREET S

City
LAKE WORTH

FL

Zip Code
33460

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 **LOUIS TYRRELL**

01/04/2000

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
T
COYNE WILEEN
2151 NW 60TH CIRCLE
BOCA RATON FL 33496 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COYNE WILEEN
2151 NW 60TH CIRCLE
BOCA RATON FL 33496 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
STOOPS JEFF
777 S FLAGLER DR., #500E
WEST PALM BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T/D
STOOPS JEFF
777 S FLAGLER DR., #500E
WEST PALM BEACH FL ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
TYRRELL LOUIS
4 17TH ST. S
LAKE WORTH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

FL ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
PALMER ADAM
4800 N FEDERAL HWY, SUITE 200E
BOCA RATON FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S/D
PALMER ADAM
4800 N FEDERAL HWY, SUITE 200E
BOCA RATON FL ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VC
DELUCCIA MICHAEL
784 US HIGHWAY 1
NORTH PALM BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/D
VLASSIS DENNIS
1415 SOUTH FEDERAL HWY
BOYNTON BEACH FL 33435 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
GILDAN LAURIE
777 S FLAGLER #310E
W PALM BCH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GILDAN LAURIE
777 S FLAGLER #310E
W PALM BCH FL ☒ 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 all other like empowered.