

2001 UNIFORM BUSINESS REPORT (UBR)

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

02-07-2001 90197 018 *****61.25

DOCUMENT # N08230			
1. Entity Name FLORIDA STAGE, INC.			
Principal Place of Business 282 SOUTH OCEAN BLVD MANALAPAN FL 33462		Mailing Address 282 SOUTH OCEAN BLVD MANALAPAN FL 33462	
2. Principal Place of Business 31a/a		3. Mailing Address 31a/a	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent TYRRELL, LOUIS 4 17TH STREET S LAKE WORTH FL 33460		4. FEI Number 59-2551430	
5. Name and Address of New Registered Agent		Applied For ☐ Not Applicable	
Name		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
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: <i>[Signature]</i> 2/27/01 Signature, typed or printed name of registered agent and not applicable. (NOTE: Registered Agent signature required when re-registering)			
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	D GILDAN, LAURIE 777 S FLAGLER #310E W PALM BCH FL ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P/D VLASSIS, DENNIS 1415 SOUTH FEDERAL HWY BOYNTON BEACH FL 33435 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S/D PALMER, ADAM 4800 N FEDERAL HWY, SUITE 200E BOCA RATON FL ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☒ 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	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T/D STOOPS, JEFF 777 S FLAGLER DR., #500E WEST PALM BEACH FL ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D COYNE, WILEEN 2151 NW 60TH CIRCLE BOCA RATON FL 33496 ☒ 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 supplement report is true, 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, trustee, or assignee, or other person authorized 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 to an address.			
SIGNATURE: <i>[Signature]</i> 2/27/01 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E037 (10/00)