

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

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90488 012 ****61.25

DOCUMENT # N08230 1. Entity Name FLORIDA STAGE, INC.					
Principal Place of Business 262 SOUTH OCEAN BLVD MANALAPAN FL 33462			Mailing Address 262 SOUTH OCEAN BLVD MANALAPAN FL 33462		
2. Principal Place of Business <i>S/a/a</i>			3. Mailing Address <i>S/a/a</i>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2551430	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TYRRELL, LOUIS 4 17TH STREET S LAKE WORTH FL 33460				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 <i>[Signature]</i>					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) 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 STREET ADDRESS CITY-ST-ZIP	D GILDAN, LAURIE 777 S FLAGLER #310E W PALM BCH FL ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Hoch Rand 400 N Flagler Suite 1402 West Palm Beach, FL 33401 ☒ 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 150 EAST PALMETTO SUITE 401 BOCA RATON FL 33432 ☒ 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 ONE TOWN CENTER RD 33RD FLOOR BOCA RATON FL 33486 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Pinciss Barry PO Box 1053 Deerfield Beach, FL 33443 ☐ 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 all other like empowered.					
SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					

10039589



☐ CHECK HERE IF MAKING CHANGES

CR2E037 (10/02)