

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 02, 2001 8:00 am**  
**Secretary of State**

06-02-2001 90004 030 \*\*\*\*61.25

**DOCUMENT # N09139**

1. Entity Name

**ORLANDO THEATRE PROJECT, INC.**

Principal Place of Business

**100 WELDON BLVD  
 SANFORD FL 32773  
 US**

Mailing Address

**100 WELDON BLVD.  
 SANFORD FL 32773  
 US**

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

**59-2557659**

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

**BRENNAN, TERRY  
 200 S ORANGE AVENUE  
 ORLANDO FL 32801**

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 **PT** ☐ Delete  
 NAME **SZCZESNIAK, SANDY**  
 STREET ADDRESS **1000 AAA DRIVE**  
 CITY-ST-ZIP **HEATHROW FL 32746**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Jody Murphy**  
 STREET ADDRESS **2230 Newt Street**  
 CITY-ST-ZIP **Orlando, FL 32837**

TITLE **S** ☐ Delete  
 NAME **POWERS, SUZANNE**  
 STREET ADDRESS **100 WELDON BLVD**  
 CITY-ST-ZIP **SANFORD FL 32773**

TITLE **S** ☒ Change ☐ Addition  
 NAME **Suzanne Powers**  
 STREET ADDRESS **2710 Rew Circle Suite 100**  
 CITY-ST-ZIP **Ocoee, FL 34761**

TITLE **D** ☐ Delete  
 NAME **BRENNAN, TERRY**  
 STREET ADDRESS **200 S ORANGE AVE**  
 CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Mary Fagan**  
 STREET ADDRESS **625 Sable Lake Dr., #201**  
 CITY-ST-ZIP **Longwood, FL 32779**

TITLE **D** ☒ Delete  
 NAME **GILBERT, ED**  
 STREET ADDRESS **346 FREEMAN ST**  
 CITY-ST-ZIP **LONGWOOD FL 32750**

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

TITLE **D** ☐ Delete  
 NAME **HOWARD, KEY**  
 STREET ADDRESS **419 SEYMOUR COURT**  
 CITY-ST-ZIP **LONGWOOD FL 32750**

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

TITLE **D** ☐ Delete  
 NAME **MELVIN, JANE**  
 STREET ADDRESS **5900 LAKE ELLENOR DR**  
 CITY-ST-ZIP **ORLANDO FL 32859**

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

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 is 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]*

05/29/01 407-244-1132

CR2E037 (10/00)