

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10407

1. Entity Name

KINGS POINT WEST THEATRE CLUB, INC.

Principal Place of Business

1904 CLUBHOUSE DR.  
SUN CITY CENTER FL 33573

Mailing Address

1904 CLUBHOUSE DR.  
SUN CITY CENTER FL 33573-5912

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

59-2592781

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GARCIA, THERESE L.  
1337 IDELWOOD DR  
SUN CITY CENTER FL 33573

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.

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	FREEMAN, JONAS	
STREET ADDRESS	2232 GRENADIER DR.	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILL, SYDNA	
STREET ADDRESS	2027 HARTLEBURY WAY	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CHAPMAN, CAROL	
STREET ADDRESS	2028 HAWHURST CIR	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MAURILLO, LOIS ANN	
STREET ADDRESS	912 MCDANIEL ST	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MACALUSO, TERESA	
STREET ADDRESS	1907 CENTERBURY LN. VILLA #F8	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GARCIA, THERESE L.	
STREET ADDRESS	1337 IDELWOOD DR	
CITY-ST-ZIP	SUN CITY CENTER FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	BOARD OFFICERS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BETTY CARLSON	
STREET ADDRESS	1407 LEE LAND DR	
CITY-ST-ZIP	SUN CITY CENTER, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 13, 2000 JONAS FREEMAN  
(813) 634-7701

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE