

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11564

1. Entity Name

FLORIDA CHILDREN'S REPERTORY THEATRE, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90857 011 ****70.00

Principal Place of Business

Mailing Address

% WILLIAM M HOBBY III
157 E NEW ENGLAND AVE #375
WINTER PARK FL 32789

% WILLIAM M HOBBY III
157 E NEW ENGLAND AVE #375
WINTER PARK FL 32789-7025

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2710191

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HOBBY, WILLIAM M III
157 E NEW ENGLAND AVE #375
WINTER PARK FL 32789

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 D ☐ Delete
NAME OSWALD, EILEEN
STREET ADDRESS 8502 CARACAS AVE
CITY-ST-ZIP ORLANDO FL

TITLE P/D ☒ Change ☐ Addition
NAME Oswald, Eileen
STREET ADDRESS 8502 Caracas Ave.
CITY-ST-ZIP Orlando, FL 32825

TITLE D ☒ Delete
NAME MANDLER, PHYLLIS
STREET ADDRESS 741-SEQUOIA TRAIL
CITY-ST-ZIP MAITLAND FL

TITLE D ☐ Change ☒ Addition
NAME Lindberg, Genie
STREET ADDRESS 222-Yarmouth Rd.
CITY-ST-ZIP Fern Park, FL 32730

TITLE DST ☐ Delete
NAME HEARD, DOREEN
STREET ADDRESS 4036 WITTWOOD COURT
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ Change ☒ Addition
NAME Metallaoui, Louisa
STREET ADDRESS 5560 Garden Grove Circle
CITY-ST-ZIP Winter Park, FL 32792

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME Nowotne, Kia
STREET ADDRESS 4507 Lake Martin Lane, Apt. A
CITY-ST-ZIP Orlando, FL 32808

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME Rowell, Steve A.
STREET ADDRESS 2329 Roanoke Court
CITY-ST-ZIP Lake Mary, FL 35801

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

Doreen Heard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 28, 2000 407-657-4483

Date

Daytime Phone #

CR2E037 (9/99)