## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Jul 13, 2000 8:00 am Secretary of State **DOCUMENT # N11890** 1. Entity Name THE HISTORIC COCOA VILLAGE PLAYHOUSE, INC. 07-13-2000 90013 004 \*\*\*\*61.25 Principal Place of Business Mailing Address 300 BREVARD AVENUE 300 BREVARD AVENUE COCOA FL 32922-7969 COCOA FL 32922 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2612709 Not Applicable Zip Zip Country Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MATHENY, JOE D 355 INDIAN RIVER AVENUE TITUSVILLE FL 32796 City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. FEE IS \$61.25 € Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 CHM CHM TITLE Delete **Change** TITLE ☐ Addition Dreher, Shella <del>kellar, ne</del>d NAME NAME 657 Spring Lake Drive STREET ADDRESS STREET ADDRESS <del>3950 OLD SETTLEMENT-</del> CITY-ST-ZIP CITY-ST-7IP MERRITT ISLAND FL 32952 Melbourne, FL. 32940 TITLE VCHM Delete TITLE CHM Change Addition NAME <del>dreher, shelia -</del> NAME 2890 Harper Road STREET ADDRESS STREET ADDRESS <del>857 SPRING LAKE DRIVE</del> CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32940-Melborne, PL. TITLE SD ☐ Delete TITLE Change Addition NAME BARNHART, SARA NAME STREET ADDRESS 1265 LESLIE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>MERR</u>ITT ISLAND FL 32952 Jean Bobinski 1365 N. Courtenay Pkwy. Svite C 1365 N. FL. 32953-4484 TITLE ☐ Addition Delete NAME <del>Harris, Dewey</del>-STREET ADDRESS STREET ADDRESS P: 0: BOX 129-CITY-ST-ZIP CITY-ST-7IP <del>6000a fl 32923</del> TITLE TITLE ☐ Delete NAME ANDERSON, BOB NAME STREET ADDRESS STREET ADDRESS 1292 ST. ANDREWS DRIVE CITY-ST-7IP CITY-ST-7IP ROCKLEDGE FL 32955 TITLE Addition D TITLE NAME <del>Banks, Joh</del>n coff Bay NAME STREET ADDRESS Box. 700 SOUTH BABCOCK, SUITE-201 STREET ADDRESS 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0 (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: Skeila Dieha SHELLA DREHER 4/27/ 60 255-3440

attachment Doc# N11890 DW68994
PATTI LARSON, ACCOUNTING MANAGER
Date: 07/03/00 Time: To: KRISTEN ECKEL, FL DEAT JSTATE
I AM RETURNING OUR CHECK # 25/17 to YOU FOR
PROCESSING. THIS CHECK IS PAYMENT FOR THE FILING
COCOA VILLAGE PLAYHOUSE, DOCUMENT # N/1890.
- IMUE INCLUDED
COPY of THE 2000 UNIFORM  BUSINESS REPURT.  PLEASE CONTROL ME AT
HAVE ANY QUESTIONS.
Shork You Patti