

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2001 8:00 am
Secretary of State

08-31-2001 90117 002 ****70.00

DOCUMENT # N11890

1. Entity Name

THE HISTORIC COCOA VILLAGE PLAYHOUSE, INC.

Principal Place of Business

**300 BREVARD AVENUE
 COCOA FL 32922**

Mailing Address

**300 BREVARD AVENUE
 COCOA FL 32922**

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

59-2612709

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MATHENY, JOE D
 355 INDIAN RIVER AVENUE
 TITUSVILLE FL 32796**

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 **Joe D. Matheny**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/23/01

DATE

**FILE NOW: FEE IS \$61.25
 After September 12, 2001, min. will be \$236.25**

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 **CHM**
 NAME **KELLAR, NED**
 STREET ADDRESS **3950 OLD SETTLEMENT**
 CITY-ST-ZIP **MERRITT ISLAND FL 32952**

TITLE **VCHM**
 NAME **DREHER, SHELIA**
 STREET ADDRESS **657 SPRING LAKE DRIVE**
 CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE **SD**
 NAME **BARNHART, SARA**
 STREET ADDRESS **1265 LESLIE DRIVE**
 CITY-ST-ZIP **MERRITT ISLAND FL 32952**

TITLE **T**
 NAME **HARRIS, DEWEY**
 STREET ADDRESS **P. O. BOX 129**
 CITY-ST-ZIP **COCOA FL 32923**

TITLE **D**
 NAME **ANDERSON, BOB**
 STREET ADDRESS **1292 ST. ANDREWS DRIVE**
 CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE **D**
 NAME **BANKS, JOHN**
 STREET ADDRESS **700 SOUTH BABCOCK, SUITE 201**
 CITY-ST-ZIP **MELBOURNE FL 32901**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CHM**
 NAME **MCINTYRE, LARRY**
 STREET ADDRESS **2890 HARPER ROAD**
 CITY-ST-ZIP **MELBOURNE, FL. 32904**

TITLE **VCHM**
 NAME **BOBINSKI, JEAN**
 STREET ADDRESS **1365 N. Courtenay Pkwy. Ste. C.**
 CITY-ST-ZIP **Merritt Island, FL. 32953-4484**

TITLE **T**
 NAME **Kirkland, Karen**
 STREET ADDRESS **215 Baytree Drive, Ste. 1**
 CITY-ST-ZIP **Melbourne, FL. 32940**

TITLE **D**
 NAME **Gilfilen, Walt**
 STREET ADDRESS **1519 Clearlake Rd.**
 CITY-ST-ZIP **Cocoa, FL. 32922**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(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: **John Matheny**

8/23/01

321-255-0088

CR2E037 (5/01)