

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11907

1. Entity Name

THEATREWORKS OF SARASOTA, INC.

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90027 019 ****61.25

Principal Place of Business
C/O LORETTA LEA
1247 1ST STREET
SARASOTA FL 34236

Mailing Address
C/O LORETTA LEA
1247 1ST STREET
SARASOTA FL 34236-5501



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2604074**
Applied For
Not Applicable

Zip Country

Zip Country

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

PIERCE, PATRICK K
7560 ALICIA LN
SARASOTA FL 34243

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 *Patrick K Pierce* 6-2-00
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	PD	<input type="checkbox"/> Delete
NAME	BLEYER, ROBERT	
STREET ADDRESS	3250 BAYOU RD	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PIERCE, PATRICK K	
STREET ADDRESS	7560 ALICIA LN	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SILVERMAN, ADELINE	
STREET ADDRESS	4359 BOWLING GREEN CR	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KEITEL, LAURA	
STREET ADDRESS	4639 CHARLES LN	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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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 *Patrick K Pierce* 6-2-00 941-952-9170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR: E037 (9/99)