

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90054 005 \*\*\*\*61.25

0075601

**DOCUMENT # N11907**

1. Entity Name

**THEATREWORKS OF SARASOTA, INC.**

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

**530796**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-2604074**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**PIERCE, PATRICK K  
 7560 ALICIA LN  
 SARASOTA FL 34243**

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 ☐ Delete  
 NAME BLEYER, ROBERT  
 STREET ADDRESS 3250 BAYOU RD  
 CITY-ST-ZIP LONGBOAT KEY FL 34228

TITLE VPD ☐ Delete  
 NAME PIERCE, PATRICK K  
 STREET ADDRESS 7560 ALICIA LN  
 CITY-ST-ZIP SARASOTA FL 34243

TITLE SD ☐ Delete  
 NAME SILVERMAN, ADELINE  
 STREET ADDRESS 4359 BOWLING GREEN CR  
 CITY-ST-ZIP SARASOTA FL 34233

TITLE TD ☐ Delete  
 NAME KEITEL, LAURA  
 STREET ADDRESS 4639 CHARLES LN  
 CITY-ST-ZIP SARASOTA FL 34234

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
 NAME SD PAMELA WILEY  
 STREET ADDRESS 3924 SPYGLASS HILL RD  
 CITY-ST-ZIP SARASOTA, FL 34238

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 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:

*Patrick K. Pierce* **PATRICK K. PIERCE**

**4-6-01**

**941-952-9170**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)