2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 30, 2002 8:00 am
Secretary of State
09-30-2002 90180 040 ****61.25

6

DOCUMENT # N11907

1. Entity Name

THEATREWORKS OF SARASOTA, INC.

Principal Place of Business	Mailing Address
~~C/O LORETTA LEA~~ c/o Gustav Bischoff 1247 1ST STREET SARASOTA FL 34236	~~C/O LORETTA LEA~~ c/o Gustav Bischoff 1247 1ST STREET SARASOTA FL 34236

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1247 1st Street	1247 First Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota, Florida	City & State: SARASOTA, FL
Zip: 34236 Country: USA	Zip: 34236 Country: USA

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	7. Name and Address of New Registered Agent
~~PIERCE, PATRICK K~~ ~~7560 ALICIA LN~~ ~~SARASOTA FL 34243~~	Name: Joseph La Russo Street Address (P.O. Box Number is Not Acceptable): 4888 Tivoli Avenue City: Sarasota FL Zip Code: 34235

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Joseph La Russo — Joseph LaRusso (Signature, type or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) — 9/9/02 DATE

After September 13, 2002, min. will be $238.25. ~~$350~~

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BLEYER, ROBERT 3250 BAYOU RD LONGBOAT KEY FL 34228	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P.D. Joseph LaRusso 4888 Tivoli Avenue Sarasota, Florida 34235	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD PIERCE, PATRICK K 7560 ALICIA LN SARASOTA FL 34243	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Michael Marcelle 3343 Sheffield Circle Sarasota, FL 34239	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WILEY, PAMELA 3924 SPYGLASS HILL ROAD SARASOTA FL 34238	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Adeline Silverman 4359 Bowling Green Circle Sarasota, FL 34239	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KEITEL, LAURA 4639 CHARLES LN SARASOTA FL 34234	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD M. Jessica Ventimiglia 5013 72nd Ct E. Bradenton, FL 34203	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (4/02)

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: Joseph La Russo **REQUIRED** — Joseph LaRusso — 9/9/02 — 941-359-1561

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #