

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90102 015 ****61.25

DOCUMENT # N12673

1. Entity Name

LOCAL 412, MANATEE AND SARASOTA COUNTY, INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYEES AND

Principal Place of Business

Mailing Address

P.O. BOX 1307
 TALLEVAST FL 34270-1307

P.O. BOX 1307
 TALLEVAST FL 34270-1307

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

59-2710633

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DRAKE, J. KEVIN ESQ
1432 1ST STREET
SARASOTA FL 34236

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **SLATTERY, BRYAN**
 STREET ADDRESS **1855 ORCHID ST**
 CITY-ST-ZIP **SARASOTA FL 34239**

TITLE **D** Change Addition
 NAME **Roy Sorensen (Interim)**
 STREET ADDRESS **3729 Gocio Rd**
 CITY-ST-ZIP **Sarasota FL 34232**

TITLE **PD** Delete
 NAME **PETLOCK, MARTIN R**
 STREET ADDRESS **442 NORTH SHORE DR**
 CITY-ST-ZIP **SARASOTA FL 34234**

TITLE **PD** Change Addition
 NAME **TERRY TROFFER**
 STREET ADDRESS **3082 Myrtle St.**
 CITY-ST-ZIP **Sarasota FL 34234**

TITLE **S** Delete
 NAME **BARHAM, PATRICIA A**
 STREET ADDRESS **6513 TEXAS ST**
 CITY-ST-ZIP **BRADENTON FL 34281**

TITLE **S** Change Addition
 NAME **Barham, Patricia A.**
 STREET ADDRESS **6513 Texas St.**
 CITY-ST-ZIP **Bradenton FL 34281**

TITLE **V** Delete
 NAME **PETLOCK, HILARE ANN**
 STREET ADDRESS **442 NORTH SHORE DIRVE**
 CITY-ST-ZIP **SARASOTA FL 34234**

TITLE **V** Change Addition
 NAME **ANN M. ROCHE**
 STREET ADDRESS **2739 Aspinwall St.**
 CITY-ST-ZIP **Sarasota FL 34237**

TITLE **D** Delete
 NAME **POWELL, FLOYD**
 STREET ADDRESS **5705 45 ST E #284**
 CITY-ST-ZIP **BRADENTON FL 34203**

TITLE **D** Change Addition
 NAME **FRANK CLARK**
 STREET ADDRESS **1674 University Pkwy**
 CITY-ST-ZIP **Sarasota FL 34243**

TITLE **T** Delete
 NAME **WERLING, FREDRICK J**
 STREET ADDRESS **324 MAGELLAN DR**
 CITY-ST-ZIP **SARASOTA FL 34234**

TITLE **T** Change Addition
 NAME **Werling, Fredrick J.**
 STREET ADDRESS **324 magellan Dr.**
 CITY-ST-ZIP **Sarasota FL 34234**

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: Patricia A. Barham **Patricia A. Barham 1-10-02 (941) 758-1071**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)