

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N15037

1. Entity Name

FAIRMONT CINEMA SQUARE OWNERS ASSN., INC.

**AMENDED**

FILED

02 APR 26 PM 5:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

BOBBY FULCHER

3. Mailing Address

BOBBY FULCHER

Suite, Apt. #, etc.

3750 U.S. 27 North, Unit 1D

Suite, Apt. #, etc.

3750 U.S. 27 North, Unit 1D

City & State

Sebring, FL

City & State

Sebring, FL

Zip

33870

Country

US

Zip

33870

Country

US

4. FEI Number

59-2779496

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

FULCHER, BOBBY

Street Address (P.O. Box Number is Not Acceptable)

3750 U.S. 27 North E.

Unit 1D

City

Sebring,

FL

Zip Code  
33870

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

**FEE IS \$61.25  
Initial or Amended UBR**

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 NAME STREET ADDRESS CITY-ST-ZIP	VP RHINE, JACK 1523 Lakeview Dr. Sebring, FL 33870	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000005492930--2 -05/09/02--01002--003 *****61.25 *****61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FULCHER, ROBERT 4400 Sebring Ave. Sebring, FL 33872	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARONSON, BRUCE 6005 Avon Estates Blvd. Avon Park, FL 33825	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DeBLASIO, DENISE 11 Page Dr. Red Bank, NJ 07701	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DeBLASIO, CONRAD 29 Joseph St. South River, NJ 08882	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Bobby Fulcher