

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90019 022 ****70.00

DOCUMENT # N15054

1. Entity Name

ENZIAN THEATER, INC.

Principal Place of Business

**1300 S ORLANDO AVE
 MAITLAND FL 32751-6415
 US**

Mailing Address

**1300 S ORLANDO AVE
 MAITLAND FL 32751-6415
 US**

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

59-2719581

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

**TRISMEN, RICHARD F.
 213 W. COMSTOCK, AVE.
 WINTER PARK FL 32789**

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 NAME STREET ADDRESS CITY-ST-ZIP	VDCT TIEDTKE, JOHN 1 ISLE OF SICILY WINTER PARK FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, MARJORIE A. 2010. MOHAWK TRAIL MAITLAND FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TIEDTKE, PHILIP 1760 GAINES WAY WINTER PARK FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TRISHMEN, RICHARD F 213 W. COMSTOCK AVE WINTER PARK FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/02 407/644-5631
 Date Daytime Phone #

CR2E037 (9/01)