

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90394 040 ****70.00

DOCUMENT # N32304

1. Entity Name

FLORIDA THEATRICAL ASSOCIATION, INC.

Principal Place of Business

**201 S. ORANGE AVE., SUITE 100
 ORLANDO FL 32801**

Mailing Address

**201 S. ORANGE AVE., SUITE 100
 ORLANDO FL 32801**

B0057660



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

101

Suite, Apt. #, etc.

101

City & State

City & State

4. FEI Number

31-1275462

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ANDERSON, KENNETH J
 201 S. ORANGE AVE.
 STE. 101
 ORLANDO FL 32801**

Name **RONALD G LEGLER**

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

201 S. ORANGE AVE

SUITE 101

City **ORLANDO**

FL

Zip Code **32801**

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

Ronald G Legler

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/1/01

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	<input type="checkbox"/> Delete
NAME	COLEY, JULIA	
STREET ADDRESS	707 NE 8 STR	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	PALMER, MARY D	
STREET ADDRESS	1900 E ADAMS DRIVE	
CITY-ST-ZIP	MAITLAND FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ALAR, JOHN	
STREET ADDRESS	1258 SE BREWSTER PLACE	
CITY-ST-ZIP	STUART FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEVITT, RHODA	
STREET ADDRESS	3519 BAYSHORE VILLAS DR	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	PITTMAN, ROBERT A	
STREET ADDRESS	335 BELOIT AVE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIMS, BRYANT	
STREET ADDRESS	7301 SO DIXIE HWY	
CITY-ST-ZIP	W PALM BCH FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Ronald G Legler

5/1/01 407-841-4675

CR2E037 (10/00)