

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N32304

FILED
Jul 10, 2002 8:00 AM
Secretary of State

Entity Name: FLORIDA THEATRICAL ASSOCIATION, INC.

Current Principal Place of Business:

201 S. ORANGE AVE., SUITE 100
101
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

201 S. ORANGE AVE., SUITE 100
101
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 31-1275462 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEGLER, RONLAD G
201 S. ORANGE AVE.
STE. 101
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COLEY, JULIA
Address: 707 NE 8 STR
City-St-Zip: FT LAUDERDALE, FL

Title: DS () Delete
Name: PALMER, MARY D
Address: 1900 E ADAMS DRIVE
City-St-Zip: MAITLAND, FL

Title: DT () Delete
Name: ALAR, JOHN,
Address: 1258 SE BREWSTER PLACE
City-St-Zip: STUART, FL

Title: D () Delete
Name: LEVITT, RHODA
Address: 3519 BAYSHORE VILLAS DR
City-St-Zip: COCONUT GROVE, FL

Title: P () Delete
Name: PITTMAN, ROBERT A
Address: 335 BELOIT AVE
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: SIMS, BRYANT
Address: 7301 SO DIXIE HWY
City-St-Zip: W PALM BCH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: VALENT, JULIA
Address: 707 NE 8 STR
City-St-Zip: FT LAUDERDALE, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD G. LEGLER

ED

07/10/2002

Electronic Signature of Signing Officer or Director

_____ Date