

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**  
 05-18-2001 90019 041 \*\*\*\*61.25

**DOCUMENT # N34379**

1. Entity Name

**LAKE WALES AMPHITHEATER, INC.**

Principal Place of Business

Mailing Address

PASSION PLAY RD  
 LAKE WALES FL 33853  
 US

PO BOX 71  
 LAKE WALES FL 33859-7071  
 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

**59-0684390**

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

**RIGNANESE, CYTHIA CROFOOT**  
**198 FIRST STREET SOUTH**  
**WINTER HAVEN FL 33883**

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 **LASSITER, HAROLD**  
 STREET ADDRESS **318 S LAKESHORE BLVD**  
 CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE **PRESIDENT** ☐ Change ☒ Addition  
 NAME **ED ETHINGTON**  
 STREET ADDRESS **1941 OAKLAND PK DR**  
 CITY-ST-ZIP **LAKE WALES, FL 33853**

TITLE **DV** ☒ Delete  
 NAME **MILLER, MARY**  
 STREET ADDRESS **1650 LAKE EASY RD**  
 CITY-ST-ZIP **BABSON PARK FL**

TITLE **VP/D** ☐ Change ☐ Addition  
 NAME **RICHARD THOMPSON**  
 STREET ADDRESS **BEASY STREET**  
 CITY-ST-ZIP **LAKE WALES, FL 33853**

TITLE **D** ☒ Delete  
 NAME **STEPHENS, ELMER**  
 STREET ADDRESS **239 RIDGE MANOR DR**  
 CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE **T/D** ☐ Change ☒ Addition  
 NAME **DENNIS HELMS**  
 STREET ADDRESS **VILLA V. COUNTRY CLUB VILLAGE**  
 CITY-ST-ZIP **LAKE WALES, FL 33853**

TITLE **D** ☐ Delete  
 NAME **THOMPSON, RICHARD**  
 STREET ADDRESS **908 SANTA MARIA**  
 CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE **S/D** ☐ Change ☒ Addition  
 NAME **PAT TURNER**  
 STREET ADDRESS **905 DEBONSHIRE WAY**  
 CITY-ST-ZIP **LAKE WALES, FL 33853**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **EDWARD ETHINGTON, PRESIDENT** *Edward Ethington* 4/27/01 (863) 676-4551

CR2E037 (10/00)