2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41098 Jun 05, 2000 8:00 am Secretary of State SUNCOAST CHILDREN'S THEATRE, INC. 06-05-2000 90041 009 ****61.25 Principal Place of Business Mailing Address % KIRSTEN PEREA C/O KIRSTEN PEREA 8045 - 46TH AVE N 8045 - 46TH AVE N ST PETERSBURG FL 33709-4107 ST PETERSBURG FL 33709 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3145166 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Box Number is Not Acceptable) PEREA, KRISTEN 8045 - 46TH AVE N ST. PETERSBURG FL 33709 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** FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE VD ☐ Delete TITLE NAME SPECTOR-FLOCK, NON NAME STREET ADDRESS 7867 COUNTRY CLUB RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33710 SD Change Addition ☐ Delete TITLE TITLE KESSIE, DANNY NAME NAME STREET ADDRESS STREET ADDRESS 5245 - 90TH TERR N CITY-ST-ZIP -CITY-ST-ZIP PINELLAS PARK FL Delete TD TITLE Ellen Siegel 4666 8th Ave N TITLE DEBECK, DONALD NAME NAME STREET ADDRESS STREET ADDRESS 4585 - 9 AVE N ろろつしろ CITY-ST-ZIP St Pele71 CITY-ST-ZIP ST PETERSBURG FL 33713 Addition Delete ☐ Change TITLE TITLE kim Heffner PEREA. KIRSTEN NAME NAME 11300 100M HOLD STREET ADDRESS STREET ADDRESS 2611 PARK ST. N. lengo 4 33778 CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33710 ☐ Change ☐ Addition ☐ Defete TITLE Teresa Stewart 6555 84 Ave N NAME STREET ADDRESS STREET ADDRESS OL CEE H 33710 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE TITLE cal brown NAME NAME 601 otus 30 sue ne suto 103 STREET ADDRESS STREET ADDRESS St Reter 3370

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.

CITY-ST-ZIP

CITY-ST-7IP

SIGNATURE:

> Tilenesa Skwart

5-26-00