

# 2001 UNIFORM BUSINESS REPORT (UBR)

3/2/01

FILED

Apr 02, 2001 8:00 am  
Secretary of State

03-02-2001 90037 036 \*\*\*\*61.25

DOCUMENT # N41098

1. Entity Name

SUNCOAST CHILDREN'S THEATRE, INC.

Principal Place of Business

% KIRSTEN PEREA  
8045 - 46TH AVE N  
ST PETERSBURG FL 33709  
US

Mailing Address

C/O KIRSTEN PEREA  
8045 - 46TH AVE N  
ST PETERSBURG FL 33709  
US

2. Principal Place of Business

Susan Starr  
Suite, Apt. #, etc.  
235 37th Ave. N.

3. Mailing Address

c/o Susan Starr  
Suite, Apt. #, etc.  
P.O. Box 40088



DO NOT WRITE IN THIS SPACE

City & State

St. Petersburg, FL

Zip

33704

Country

USA

City & State

St. Petersburg, FL

Zip

33743

Country

USA

4. FEI Number

59-3145166

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KESSIE, DANNY  
5245 90TH TERRACE N  
PINELLAS PARK FL 33782

7. Name and Address of New Registered Agent

Name

Susan Starr

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

235 37th Ave. N.

City

St. Petersburg

FL

Zip Code

33704

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.

Susan Starr

(NOTE: Registered Agent signature required when reinstating)

DATE

2/19/01

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

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SPECTOR-FLOCK, NON	
STREET ADDRESS	7867 COUNTRY CLUB RD	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KESSIE, DANNY	
STREET ADDRESS	5245 - 90TH TERR N	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DEBECK, DONALD	
STREET ADDRESS	4585 - 9 AVE N	
CITY-ST-ZIP	ST PETERSBURG FL 33713	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PEREA, KIRSTEN	
STREET ADDRESS	2611 PARK ST. N.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Susan Starr		
STREET ADDRESS	235 37th Ave. N.		
CITY-ST-ZIP	St. Petersburg - FL - 33704		
TITLE	Vice President	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bea Nariadka		
STREET ADDRESS	505 36th ST. S.E. APT. 2		
CITY-ST-ZIP	Largo, FL 33771		
TITLE	Cindy Warren	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Secretary		
STREET ADDRESS	12399 Imperial Dr.		
CITY-ST-ZIP	Seminole, FL 33772		
TITLE	Treasurer	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kenneth Henry Hoffman		
STREET ADDRESS	11200 102nd Terr. N.		
CITY-ST-ZIP	Seminole, FL 33778		
TITLE	Assistant Treasurer		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lara Hegler		
STREET ADDRESS	235 37th Ave. N.		
CITY-ST-ZIP	St. Petersburg, FL 33704		
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 another title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan Starr

Date

Daytime Phone #

2/19/01 (F13) 888-6956

CR2E037 (10/00)