

2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 07, 2002 8:00 am
Secretary of State

02-04-2002 90034 045 ****61.25

DOCUMENT # N43586

1. Entity Name

MARTIN THEATRE FOUNDATION, INC.

Principal Place of Business

Mailing Address

201 HARRISON AVE
PANAMA CITY FL 32401

PO BOX 1124
PANAMA CITY FL 32402

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 **59-3072374**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACKSON, DAVID L
201 HARRISON AVE
PANAMA CITY FL 32401

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.

David L. Jackson, Executive Director

1-18-02

(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 ☐ Delete

NAME **HUMBOLDT, BRIAN**
STREET ADDRESS **111 HARRISON AVE**
CITY-ST-ZIP **PANAMA CITY FL**

TITLE ☒ Delete

NAME **MIDDLEMAS, WARREN L JR**
STREET ADDRESS **303 HOLLIS AVE**
CITY-ST-ZIP **PANAMA CITY FL 32401**

TITLE ☐ Delete

NAME **KOEHNEMANN, ROB**
STREET ADDRESS **445 GRACE AVE**
CITY-ST-ZIP **PANAMA CITY FL**

TITLE ☐ Delete

NAME **CLEMO, SCOTT**
STREET ADDRESS **2881 TUPELO DR**
CITY-ST-ZIP **PANAMA CITY FL**

TITLE ☐ Delete

NAME **ANDERSON, DON**
STREET ADDRESS **526 BUNKERS COVE RD**
CITY-ST-ZIP **PANAMA CITY FL 32401**

TITLE ☐ Delete

NAME **COLLINS, BAYNE**
STREET ADDRESS **465 HARRISON AVE**
CITY-ST-ZIP **PANAMA CITY FL**

TITLE ☐ Change ☒ Addition

NAME **John Darrah**
STREET ADDRESS **526 Bunkers Cove Road**
CITY-ST-ZIP **Panama City, FL 32401**

TITLE ☐ Change ☒ Addition

NAME **Timothy J. Sloan**
STREET ADDRESS **P.O. Box 2327**
CITY-ST-ZIP **Panama City, FL 32402-2327**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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:

David L. Jackson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-02
Date

850-785-2534
Daytime Phone

CR2E037 (9/01)