

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N51356

1. Entity Name

THE LOOKING GLASS THEATRE INC.

Principal Place of Business

11115 N DALE MABRY HWY
TAMPA FL 33618
US

Mailing Address

11115 N DALE MABRY HWY
TAMPA FL 33618
US

2. Principal Place of Business

16226 Fantasia Dr.
Suite, Apt. #, etc.
Tampa, FL

3. Mailing Address

16226 Fantasia Dr.
Suite, Apt. #, etc.
Tampa, FL

City & State

Tampa, FL

Zip

33624

Country

US

City & State

Tampa, FL

Zip

33624

Country

US

4. FEI Number

59-3138244

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITTINGTON, SHERI
16226 FANTASIA DR
TAMPA FL 33624

7. Name and Address of New Registered Agent

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

After September 12, 2001, min. will be \$236.25

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 PD
NAME WHITTINGTON, SHERI
STREET ADDRESS 16226 FANTASIA DR
CITY-ST-ZIP TAMPA FL 33624 ☐ Delete

TITLE D
NAME YOUNG, MICHELE
STREET ADDRESS 4650 BAYCREST DR
CITY-ST-ZIP TAMPA FL 33615 ☐ Delete

TITLE VPD
NAME SCANIO, MARYJO
STREET ADDRESS 13911 SHADY SHORES DR
CITY-ST-ZIP TAMPA FL 33613 ☐ Delete

TITLE D
NAME BRACEWELL, LOREN
STREET ADDRESS 5003 CASTILLE PL APT 196
CITY-ST-ZIP TAMPA FL 33617 ☐ Delete

TITLE TD
NAME MULLER, KIM
STREET ADDRESS 10114 LINDELMAN DR
CITY-ST-ZIP TAMPA FL 33618 ☐ Delete

TITLE SD
NAME GEIGER, RICHARD
STREET ADDRESS 6814 MITCHELL CIR
CITY-ST-ZIP TAMPA FL 33618 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE D
NAME Snow, Cinda
STREET ADDRESS 13326 Golf Crest Cir.
CITY-ST-ZIP Tampa FL 33624 ☐ Change ☒ Addition

TITLE D
NAME Muller, Kim
STREET ADDRESS 10114 Lindelman Dr.
CITY-ST-ZIP Tampa 33618 ☒ Change ☐ Addition

TITLE T
NAME Wheat, Antoinette
STREET ADDRESS 2004 W. Busch Blvd.
CITY-ST-ZIP Tampa FL 33612 ☐ Change ☒ Addition

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 line empowered.

SIGNATURE:

SIGNATURE REQUIRED

8-24-01

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90003 026 ****70.00



DO NOT WRITE IN THIS SPACE

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