

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90022 048 *****61.25

DOCUMENT # N92000000152

1. Entity Name

THEATRE A LA CARTE, INC.

Principal Place of Business

Mailing Address

**2451 NUGGET LANE
TALLAHASSEE FL 32303**

**2451 NUGGET LANE
TALLAHASSEE FL 32303**

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

59-3138032

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

**HURST, ERIC R
2451 NUGGET LANE
TALLAHASSEE FL 32303**

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	P	<input type="checkbox"/> Delete
NAME	HURST, ERIC	
STREET ADDRESS	2451 NUGGET LN	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	V	<input type="checkbox"/> Delete
NAME	GORSUCH, CHRIS	
STREET ADDRESS	410 VICTORY GARDEN DR #7	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	S	<input type="checkbox"/> Delete
NAME	FREESE, ROBERTA	
STREET ADDRESS	3718 ROCKBROOK CT	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLLETTI, CAROLINE	
STREET ADDRESS	1541 BAUM RD	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLLETTI, RAY	
STREET ADDRESS	1541 BAUM ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	D	<input type="checkbox"/> Delete
NAME	FREESE, SCOTT	
STREET ADDRESS	3718 ROCKBROOK CT	
CITY-ST-ZIP	TALLAHASSEE FL 32311	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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 all other information empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/02

(850)385-6700

Date

Daytime Phone #

CR2E037 (9/01)