

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001835

1. Entity Name

CIVIC THEATRE FOUNDATION, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90841 001 ***122.50

Principal Place of Business

Mailing Address

1001 EAST PRINCETON STREET
ORLANDO FL 32803-1420
US

1001 EAST PRINCETON STREET
ORLANDO FL 32803-1451
US

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

59-3182316

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

MILLER, MARTI
1001 E. PRINCETON ST.
ORLANDO FL 32803

Name

Bud Brewer

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

610 Wymore Rd

City

MAITLAND

FL

Zip Code

32751

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 C
NAME OLECK, LAURA
STREET ADDRESS 741 SEQUOIA TR.
CITY-ST-ZIP MAITLAND FL 32351 ☒ Delete

TITLE PD
NAME NEPTUNE, DARBY
STREET ADDRESS 313 SANDPIPER CT.
CITY-ST-ZIP CASSELBERRY FL 32707 ☒ Delete

TITLE D
NAME FLUKE, LONN
STREET ADDRESS 1325 BRANCH HILL CT.
CITY-ST-ZIP APOPKA FL 32712 ☒ Delete

TITLE VD
NAME PALMER, ERIC
STREET ADDRESS 1531 SUNSET DR.
CITY-ST-ZIP WINTER PARK FL 32789 ☒ Delete

TITLE S
NAME DEUTSCH, NANCY
STREET ADDRESS 662 GRANVILLE DR.
CITY-ST-ZIP WINTER PARK FL 32789 ☒ Delete

TITLE T
NAME FAULEY, CHARLENE
STREET ADDRESS 3810 BAINBRIDGE AVE.
CITY-ST-ZIP ORLANDO FL 32839 ☐ Delete

TITLE PRES. ELECT
NAME BUD BREWER
STREET ADDRESS 610 Wymore Rd
CITY-ST-ZIP MAITLAND, FL ☐ Change ☒ Addition

TITLE VICE PRESIDENT
NAME JIM BRUNER
STREET ADDRESS 2010 HARRISON AVE.
CITY-ST-ZIP ORLANDO, FL 32804 ☐ Change ☒ Addition

TITLE TREAS.
NAME STEVE Appel
STREET ADDRESS 1111 N. ORANGE AVE STE 1600
CITY-ST-ZIP ORLANDO, FL 32801 ☐ Change ☒ Addition

TITLE SECRETARY
NAME JENNIFER SLOANE
STREET ADDRESS 1111 N ORANGE AVE.
CITY-ST-ZIP ORLANDO, FL 32801 ☐ Change ☒ Addition

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

TITLE PRESIDENT
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ 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 like empowered.

SIGNATURE: *E. CHARLENE FAULEY*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PRES.

4/29/00 407/245-5376

CR2E037 (9/99)