2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachmen

SIGNATURE

May 10, 2001 8:00 am Secretary of State DOCUMENT # N9300001895 1. Entity Name FERNANDINA LITTLE THEATRE, INC. 05-10-2001 90120 017 ****70.00 Principal Place of Business Mailing Address P.O. BOX 553 1014 BEECH ST FERNANDINA BEACH FL 32034 FERNANDINA BEACH FL 32035 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3178678 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HART, KATE 1813 AMELIA AVENUE FERNANDINA BEACH FL 32034 City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition SD Delete TITLE TITLE MARTIN, ANNE NAME NAME STREET ADDRESS STREET ADDRESS 110 S 5TH ST CITY-ST-ZIP CITY-ST-ZIP FERNANDINA BEACH FL 32034 Change ☐ Addition D ☐ Delete TITLE TITLE MAYO, WILLIAM NAME NAME STREET ADDRESS STREET ADDRESS 2161 INVERNESS CITY-ST-ZIP CITY-ST-ZIP FERNANDINA BEACH FL 32035 Change ☐ Addition ☐ Delete TITLE STEIN-CORBIN, SHERRY NAME NAME STREET ADDRESS STREET ADDRESS 2296 PIRATES BAY DRIVE CITY-ST-ZIP CITY-ST-ZIP FERNANDINA BEACH FL 32034 T/D Change ☐ Addition TITLE □ Delete TITLE NAME SCHNEIDER, LINDA NAME STREET ADDRESS STREET ADDRESS 409 ELM ST CITY-ST-ZIP CITY-ST-ZIP FERNANDINA BEACH FL 32034 Change ☐ Addition TITLE □ Delete TITLE ANTWORTH, KAREN NAME NAME STREET ADDRESS STREET ADDRESS 2232 BONNIE OAKS DR CITY-ST-ZIP CITY-ST-ZIP FERNANDINA BEACH FL 32034 XI Addition Delete TITLE TITLE STRINGFELLOW, KRISTINE NAME NAME STREET ADDRESS **623 THOMBURNEY ROAD** STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ろ乙のろ牛 12. I hereby certify that the information supplied with this filling 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 suppliemental 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 of the receiper or trustee employered to execute this report as required by Chapter 617. Florida Statutes: and that my name appears in Block 10 or Block YULEE FL 32097

FILED