

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91420 025 ****70.00

DOCUMENT # N93000001895

1. Entity Name
FERNANDINA LITTLE THEATRE, INC.



Principal Place of Business
**1014 BEECH ST
FERNANDINA BEACH FL 32034
US**

Mailing Address
**P.O. BOX 553
FERNANDINA BEACH FL 32035**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3178678**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HART, KATE
1813 AMELIA AVENUE
FERNANDINA BEACH FL 32034**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Delete
NAME **MARTIN, ANNE**
STREET ADDRESS **110 S 5TH ST**
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE **P D** ☒ Change ☐ Addition
NAME
STREET ADDRESS **1802 Park Way**
CITY-ST-ZIP

TITLE **TD** ☒ Delete
NAME **BILLINGS, DEBORAH**
STREET ADDRESS **27 1/2 N 3RD ST**
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE **S D** ☐ Change ☒ Addition
NAME **COX, Betty**
STREET ADDRESS **415 S. 4th St.**
CITY-ST-ZIP **Fernandina Beach, FL 32034**

TITLE **D** ☐ Delete
NAME **SORUM, EMMY LOU**
STREET ADDRESS **2064 NECTARINE ST**
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

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

TITLE **PD** ☐ Delete
NAME **SCHNEIDER, LIND**
STREET ADDRESS **409 ELM ST**
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE **VP D** ☒ Change ☐ Addition
NAME **Schneider, Linda**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **NOBLE, RON**
STREET ADDRESS **PO BOX 976**
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE **D** ☐ Change ☒ Addition
NAME **Andrew, Linda**
STREET ADDRESS **1559 Canopy Drive**
CITY-ST-ZIP **Fernandina Beach, FL 32034**

TITLE **D** ☒ Delete
NAME **QUATTLEBAUM, PAT**
STREET ADDRESS **1004 OCEAN OAKS DR N**
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE **D** ☐ Change ☒ Addition
NAME **Burrows, Kathie**
STREET ADDRESS **208 Lighthouse Circle**
CITY-ST-ZIP **Fernandina Beach, FL 32034**

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:

[Signature]

4/29/03

904-277-3410

CR2E037 (10/02)