

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002404

1. Entity Name

ENCORE THEATRE, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90016 042 ****61.25

Principal Place of Business

Mailing Address

3413 S. OMAR AVE.
TAMPA FL 33629

3413 S. OMAR AVE.
TAMPA FL 33629-8213



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3199205

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ANDREU, TIMOTHY A
100 S ASHLEY DR
TAMPA FL 33602

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

☐ Delete
D
ALDENE, GRETA
C/O 3413 S. OMAR AVE.
TAMPA FL 33629

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

☐ Delete
D
GRIFFIN, JUDITH
3301 BAYSHORE, UNIT 408
TAMPA FL

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

☐ Delete
D
ANDREU, TIMOTHY
101 E. KENNEDY BLVD., SUITE 2900
TAMPA FL 33602

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

☐ Delete
D
HOYT, PAT
3435 BAYSHORE SBLVD #1401
TAMPA FL 33629

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

☐ Delete
D
CUNNINGHAM, COLLEEN
528 BLAIN ST
SAVANNAH GA 31401

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

☐ Delete
D
CUNNINGHAM, COLLEEN
528 BLAIN ST
SAVANNAH GA 31401

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)