

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90568 050 ****61.25

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DOCUMENT # N93000004817

1. Entity Name

SOULSPEAK/SARASOTA POETRY THEATRE, INC.

Principal Place of Business

535 COLUMBIA CT
 SARASOTA FL 34236
 US

Mailing Address

PO BOX 48955
 SARASOTA FL 34230-6955
 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

65-0457672

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SPRING, JUSTIN
1620 BOATHOUSE CIRCLE, G-201
SARASOTA FL 34231

7. Name and Address of New Registered Agent

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

TITLE **PD** ☒ Delete
 NAME **SPRING, JUSTIN**
 STREET ADDRESS **1620 BOATHOUSE CIRCLE, G-201**
 CITY-ST-ZIP **SARASOTA FL**

TITLE **VD** ☐ Delete
 NAME **LUSCOMBE, SCYLLA**
 STREET ADDRESS **535 COLUMBIA COURT**
 CITY-ST-ZIP **SARASOTA FL**

TITLE **D** ☒ Delete
 NAME **MINER, MICHAEL**
 STREET ADDRESS **8504 HERON LAGOON CIR**
 CITY-ST-ZIP **SARASOTA FL 34242**

TITLE **SD** ☐ Delete
 NAME **WACHSMAN, E**
 STREET ADDRESS **5521 CALLE DEL VERANO**
 CITY-ST-ZIP **SARASOTA FL**

TITLE **TD** ☒ Delete
 NAME **OSMAN, DOUG**
 STREET ADDRESS **2207 HICKORY AVE**
 CITY-ST-ZIP **SARASOTA FL 34234**

TITLE **D** ☒ Delete
 NAME **MATHEY, ARDEE**
 STREET ADDRESS **3270 EL POINIER CT #525**
 CITY-ST-ZIP **SARASOTA FL 34232**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
 NAME **Debra Gorham**
 STREET ADDRESS **241 Suntan Ave.**
 CITY-ST-ZIP **Sarasota, FL 34237**

TITLE **D** ☐ Change ☒ Addition
 NAME **Cynthia O'Donnell**
 STREET ADDRESS **2330 Mietaw Dr.**
 CITY-ST-ZIP **Sarasota, FL 34239**

TITLE **TD** ☐ Change ☒ Addition
 NAME **James McColm**
 STREET ADDRESS **637 White Pine Trail Rd**
 CITY-ST-ZIP **Venice, FL 34292**

TITLE **PD** ☒ Change ☐ Addition
 NAME **Sharon Tremain**
 STREET ADDRESS **405 Seville St.**
 CITY-ST-ZIP **North Port, FL 34287**

TITLE **SD** ☒ Change ☒ Addition
 NAME **Sharon Tremain**
 STREET ADDRESS **405 Seville St.**
 CITY-ST-ZIP **North Port, FL 34287**

TITLE **D** ☐ Change ☐ Addition
 NAME **Sharon Tremain**
 STREET ADDRESS **405 Seville St.**
 CITY-ST-ZIP **North Port, FL 34287**

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:

Scylla Luscombe
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/02
 Date

9413666465
 Daytime Phone #

CR2E037 (9/01)