

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N94000003074**
 1. Entity Name
RITZ COMMUNITY THEATER PROJECTS, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State
 04-18-2000 90260 039 ****61.25

Principal Place of Business Mailing Address
101 WEST FIRST STREET STE. A SANFORD FL 32771 **101 WEST FIRST STREET STE. A SANFORD FL 32771-1201**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
203 MAGNOLIA AVE
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
SANFORD FLORIDA
 Zip Country Zip Country
32771 U.S.A.

4. FEI Number **59-3274090** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
STAIRS, HELEN L
101 WEST FIRST STREET STE. A
SANFORD FL 32771

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 *Helen L Stairs* DATE 3-22-2000
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	VD <input type="checkbox"/> Delete
NAME	SCOTT, DAVE
STREET ADDRESS	720 GLADWIN AVE
CITY-ST-ZIP	FERN PARK FL 32730
TITLE	SD <input type="checkbox"/> Delete
NAME	BOOTHE, BEVERLY
STREET ADDRESS	3358 WHITNER WAY
CITY-ST-ZIP	SANFORD FL 32773
TITLE	TD <input type="checkbox"/> Delete
NAME	BEERS, MARTHA
STREET ADDRESS	958 LAURA ST
CITY-ST-ZIP	CASSELBERRY FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P HELEN L STAIRS
STREET ADDRESS	1301 E SEMINOLE BLVD
CITY-ST-ZIP	SANFORD FL 32773
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Helen L Stairs* DATE 3-22-2000 DAYTIME PHONE # (407) 321-6639
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)