

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90107 041 \*\*\*\*61.25

**DOCUMENT # N94000003074**

1. Entity Name

**RITZ COMMUNITY THEATER PROJECTS, INC.**

Principal Place of Business

Mailing Address

**203 MAGNOLIA AVE  
 SANFORD FL 32771**

**P O BOX 4321  
 SANFORD FL 32772**

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

**59-3274090**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STAIRS, HELEN L  
 101 WEST FIRST STREET STE. A  
 SANFORD FL 32771**

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*

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**01-14-02**

**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

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	HARPER, MEREDITH	
STREET ADDRESS	20 N ORANGE AVE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BEERS, MARTHA	
STREET ADDRESS	958 LAURA ST	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	STAIRS, HELEN L	
STREET ADDRESS	1301 E SEMINOLE BLVD	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01-14-02 (407) 321-6659**  
 Date Daytime Phone #

CR2E037 (9/01)