

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

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90176 010 ****61.50

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1. Entity Name
RITZ COMMUNITY THEATER PROJECTS, INC.



Principal Place of Business
**203 MAGNOUA AVE
SANFORD FL 32771**

Mailing Address
**P O BOX 4321
SANFORD FL 32772**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State



CHECK HERE IF MAKING CHANGES

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

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

SIGNATURE

Helen L. Stairs, President

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 **VD**
NAME **SCOTT, DAVE** Delete
STREET ADDRESS **720 GLADWIN AVE**
CITY-ST-ZIP **FERN PARK FL 32730**

TITLE
NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD**
NAME **HARPER, MEREDITH** Delete
STREET ADDRESS **20 N ORANGE AVE**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **SD**
NAME **NATHE LYNN** Change Addition
STREET ADDRESS **1612 TALISIA CT**
CITY-ST-ZIP **KONGWOOD FL 32779**

TITLE **TD**
NAME **BEERS, MARTHA** Delete
STREET ADDRESS **958 LAURA ST**
CITY-ST-ZIP **CASSELBERRY FL**

TITLE
NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE **P**
NAME **STAIRS, HELEN L** Delete
STREET ADDRESS **1301 E SEMINOLE BLVD**
CITY-ST-ZIP **SANFORD FL 32773**

TITLE
NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Change Addition
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)(f), 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 *Helen L. Stairs*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)