

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**  
 04-27-2001 90398 047 \*\*\*\*\*61.25

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**DOCUMENT # N95000000629**

1. Entity Name

**THEATERIFFIC, INC.**

Principal Place of Business

P.O. BOX 717  
 FLAGLER BCH FL 32136  
 US

Mailing Address

P.O. BOX 717  
 FLAGLER BCH FL 32136  
 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

**58-2166152**

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

**BAILEY, CAROL BAUER  
 105 BARRINGTON  
 PALM COAST FL 32137**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ROCHFORD, DOROTHY 10 SOUTH BURY CT PALM COAST FL 32137</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MS BAILEY, CAROL B 105 BARRINGTON DR. PALM COAST FL 32137</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT PARHAM, ANDREA 19 WINTHROP LN FLAGLER BCH FL 32136</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BRALLIER, PATTI 138 WELLSTONE PALM COAST FL 32164</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BIAN, TONDA 2340 S.OCEANSHORE BLVD FLAGLER BEACH FL 32136</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CARO, CORRIS 19 OLD KINGS RD NO. C107 PALM COAST, FL 32137</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D EPITROPOULOS, MICHAEL 1840 S.OCEANSHORE BLVD FLAGLER BEACH, FL 32136</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

*Carol Bailey*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Apr 23 2001 386-445-1148*  
 DATE DAYTIME PHONE #

CR2E037 (10/00)

DOCUMENT # 145000000629-C0054054

2000 UNIFORM BUSINESS REPORT # N95000000629

2001 REVISIONS

THEATERIFFIC, INC.

BLOCK 11 SUPPLEMENT

DC  
CAULFIED, MAUREEN  
118 BELLAIRE DR  
PALM COAST FL 32137

D  
BODINE, JOYCE  
3 PROSPECT LN  
PALM COAST FL 32164

Deleted

D  
CIMORELLI, JAMES  
11 CONLEY CT  
PALM COAST FL 32137

D  
HAGLER, DEBRA C.  
69 CHRISTOPHER CT  
PALM COAST FL 32137

D  
KING, CAROLYN  
P.O. BOX 351263  
PALM COAST FL 32135

D  
LINKE, LYNDA  
81 ROSE DR  
PALM COAST FL 32164

D  
NOWELL, SIDNEY M.  
P.O. BOX 351863  
PALM COAST FL 32135