

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001549

1. Entity Name

THEATRE CONSPIRACY, INC.

Principal Place of Business

Mailing Address

10091 MCGREGOR BLVD.  
FORT MYERS FL 33919

10091 MCGREGOR BLVD  
FORT MYERS FL 33919  
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

65-0569413

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SMITH, WILLIAM R  
8191 COLLEGE PARKWAY  
SUITE 300  
FORT MYERS FL 33919

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 D ☐ Delete  
NAME GERAGHTY, DENA  
STREET ADDRESS 1320 ALCAZAR AV  
CITY-ST-ZIP FORT MYERS FL 33901

TITLE DP ☐ Change ☒ Addition  
NAME Stephen Hooper  
STREET ADDRESS 1901 Clifford St #1401  
CITY-ST-ZIP Ft. Myers, FL 33901

TITLE D ☐ Delete  
NAME TAYLOR, WILLIAM E  
STREET ADDRESS 3806 HANOVER ST  
CITY-ST-ZIP FORT MYERS FL

TITLE D ☐ Change ☒ Addition  
NAME Michael McNally  
STREET ADDRESS 1616 Poinsettia Ave  
CITY-ST-ZIP Ft. Myers, FL 33901

TITLE D ☐ Delete  
NAME ANTONIO, NANCY  
STREET ADDRESS 2682 SHRIVER DRIVE  
CITY-ST-ZIP FORT MYERS FL 33912

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DT ☐ Delete  
NAME DAVIS, SLYVIA  
STREET ADDRESS 5300-4 SUMMERLIN RD.  
CITY-ST-ZIP FT MYERS FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME EATON, ALEXANDER  
STREET ADDRESS 4101 EVANS AVE.  
CITY-ST-ZIP FT. MYERS FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DV ☐ Delete  
NAME GOLDBERG, KAREN  
STREET ADDRESS 3005 SE 18TH PL  
CITY-ST-ZIP CAPE CAROL FL

TITLE ☐ Change ☐ 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 16, 2001 8:00 am  
Secretary of State

04-16-2001 90020 011 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)