

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

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90151 036 ****61.25

DOCUMENT # N95000001549

1. Entity Name

THEATRE CONSPIRACY, INC.



Principal Place of Business

**10091 MCGREGOR BLVD.
FORT MYERS FL 33919**

Mailing Address

**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**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

TITLE **DP** ☐ Change ☒ Addition
NAME **Steve Hooper**
STREET ADDRESS **1901 Clifford St**
CITY-ST-ZIP **Fl. Myers, FL 33901**

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

TITLE **Mitch Haley** ☐ Change ☒ Addition
NAME **1362 Plumosa Dr**
STREET ADDRESS **Fl. Myers, FL 33901**
CITY-ST-ZIP

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

TITLE **Lynn Seidler** ☐ Change ☒ Addition
NAME **5001 Jacwood Dr**
STREET ADDRESS **Sanibel, FL 33957**
CITY-ST-ZIP

TITLE **DT** ☐ Delete
NAME **DAVIS, SYLVIA**
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 REQUIRED

4/26/03 228-926-3235

CR2E037 (10/02)