

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002012

Entity Name  
SOUTHERN SHAKESPEARE FESTIVAL, INC.

FILED  
May 08, 2000 8:00 am  
Secretary of State  
05-08-2000 90138 001 \*\*\*\*70.00

Principal Place of Business  
N. ADAMS ST.  
TALLAHASSEE FL 32303

Mailing Address  
P O BOX 38096  
TALLAHASSEE FL 32315-8096  
US

Principal Place of Business  
1018 Thomasville Rd  
Suite, Apt. #, etc.  
104  
City & State  
Tallahassee FL  
Zip  
32303  
Country  
Leon

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



DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-3310279  
Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
MINARDI, R. DEAN  
1014 N. ADAMS ST.  
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

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

0. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINARDI, R. DEAN		NAME		
STREET ADDRESS	1014 N. ADAMS ST.		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32303		CITY-ST-ZIP		
TITLE	DC	<input type="checkbox"/> Delete	TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINKLE, JANET		NAME		
STREET ADDRESS	2047 CHMINEY SWIFT HOLLOW		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32312		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRAUSS, JUNE F		NAME		
STREET ADDRESS	2017 DOGWOOD HILL		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GROBE, KATHY		NAME	MacKay, Rebecca	
STREET ADDRESS	4427 BAYSHORE CIR		STREET ADDRESS	506 Vinneedge Ride	
CITY-ST-ZIP	TALLAHASSEE FL 32308		CITY-ST-ZIP	Tallahassee, FL	
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEONARD, COMAN III		NAME	MASTERSON, STEVE	
STREET ADDRESS	3050 W THARPE STREET		STREET ADDRESS	2970 N Vmberland	
CITY-ST-ZIP	TALLAHASSEE FL 32303		CITY-ST-ZIP	Tallahassee, FL	
TITLE	D	<input type="checkbox"/> Delete	TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, AETNA		NAME		
STREET ADDRESS	2001 OLD ST AUGUSTINE RD- M103		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32301		CITY-ST-ZIP		

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: Aetna Smith, Treasurer 4-27-00 921-2043

CR2E037 (9/99)