

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90224 047 \*\*\*\*61.25

**DOCUMENT # N95000002012**

1. Entity Name

**SOUTHERN SHAKESPEARE FESTIVAL, INC.**

Principal Place of Business

**1018 THOMASVILLE RD  
 104  
 TALLAHASSEE FL 32303**

Mailing Address

**P O BOX 38096  
 TALLAHASSEE FL 32315-8096  
 US**

2. Principal Place of Business

**1520 Killearn Center Blvd**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Tallahassee, FL**

City & State

4. FEI Number **59-3310279**

Applied For

Not Applicable

Zip  
**32308**

Country  
**US**

Zip

Country

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)

**512 WILLIAMS ST**

City  
**TALLAHASSEE**

FL

Zip Code  
**32303**

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

TITLE **D** ☐ Delete  
 NAME **MINARDI, R. DEAN**  
 STREET ADDRESS **1014 N. ADAMS ST.**  
 CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **DV** ☒ Delete  
 NAME **HINKLE, JANET**  
 STREET ADDRESS **2047 CHMINEY SWIFT HOLLOW**  
 CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **D** ☐ Delete  
 NAME **STRAUSS, JUNE F**  
 STREET ADDRESS **2017 DOGWOOD HILL**  
 CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **DC** ☒ Delete  
 NAME **MAEKAY, REBECCA**  
 STREET ADDRESS **506 VINNEDGE RIDE**  
 CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **DS** ☐ Delete  
 NAME **MASTERTON, STEVE**  
 STREET ADDRESS **2970 N UMBERLAND**  
 CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **DT** ☐ Delete  
 NAME **SMITH, AETNA**  
 STREET ADDRESS **2001 OLD ST AUGUSTINE RD- M103**  
 CITY-ST-ZIP **TALLAHASSEE FL 32301**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD** ☒ Change ☐ Addition  
 NAME **MINARDI, R. DEAN**  
 STREET ADDRESS **512 WILLIAMS ST**  
 CITY-ST-ZIP **TALLAHASSEE, FL**

TITLE **D** ☐ Change ☒ Addition  
 NAME **LEONARD, COMAN**  
 STREET ADDRESS **3050 W. THARPE ST**  
 CITY-ST-ZIP **TALLAHASSEE, FL**

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

TITLE **D** ☐ Change ☒ Addition  
 NAME **BYRNES, WILLIAM**  
 STREET ADDRESS **8521 CHARRINGTON FOREST BLVD**  
 CITY-ST-ZIP **TALLAHASSEE, FL**

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

TITLE **TD** ☒ Change ☐ Addition  
 NAME **SMITH, AETNA**  
 STREET ADDRESS **1000 HOLLAND DR #3**  
 CITY-ST-ZIP **TALLAHASSEE, FL**

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 RECAETNA Smith**

**4-21-01**

**(850) 487-3832**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)