

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

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90049 009 *****70.00

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DOCUMENT # N95000002012

1. Entity Name

SOUTHERN SHAKESPEARE FESTIVAL, INC.



Principal Place of Business
**1520 KILLEARN CENTER BLVD.
TALLAHASSEE FL 32308**

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

11027243



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Ste 200

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3310279**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MINARDI, R. DEAN
512 WILLIAM ST
TALLAHASSEE FL 32303**

Name **Stephen Masterson**

Street Address (P.O. Box Number is Not Acceptable)
1911 Capital Circle, NE

City **Tallahassee**

FL

Zip Code
32308

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 **Stephen Masterson**

4/29/03

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 NAME STREET ADDRESS CITY-ST-ZIP	CD MINARDI, R. DEAN 512 WILLIAM ST TALLAHASSEE FL 32303	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LEONARD, COMAN 3050 W THARPE ST TALLAHASSEE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRAUSS, JUNE F 2017 DOGWOOD HILL TALLAHASSEE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BYRNES, WILLIAM 8521 CHARRINGTN FOREST BLVD. TALLAHASSEE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MASTERSON, STEVE 2970 N UMBERLAND TALLAHASSEE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BELL, KATHRYN 1520 KILLEARN CENTER BLVD., #200 TALLAHASSEE FL 32309	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Tana McLean 1529 Heechee Nene Tallahassee, FL 32301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		32303
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		32308
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		32309
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		32309
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		32309

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: **Leon Coman**

28 April 2003 850.591.8400

CR2E037 (10/02)