

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

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90959 010 ****70.00

DOCUMENT # *N95000003745*

1. Entity Name

*COMMUNITY THEATER OF CITRUS COUNTY
dba. PLAYHOUSE 19*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

865 N. SUNCOAST BLVD

Suite, Apt. #, etc.

3. Mailing Address

- same -

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CRYSTAL RIVER, FL.

City & State

Zip

34429

Country

USA

Zip

Country

4. FEL Number

59-3338267

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

CHARLES F. KYLIS

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

1825 S. MANDARIN TERRACE

INVERNESS, FL. 34450

City

INVERNESS

FL

Zip Code

34450

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]

(NOTE: Registered Agent signature required when re-registering)

DATE

January 28, 2003

FEES \$81.25

Initial or Amended UBR

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

TITLE	<i>PRESIDENT</i>
NAME	<i>RICHARD L. FLURY</i>
STREET ADDRESS	<i>504 CABOT ST.</i>
CITY-ST-ZIP	<i>INVERNESS, FL. 34452</i>
TITLE	<i>SECRETARY</i>
NAME	<i>CHARLES F. KYLIS</i>
STREET ADDRESS	<i>1825 S. MANDARIN TER.</i>
CITY-ST-ZIP	<i>INVERNESS, FL. 34450</i>
TITLE	<i>TREASURER</i>
NAME	<i>MICHAEL L. GUDIS</i>
STREET ADDRESS	<i>1 GOLFVIEW DR.</i>
CITY-ST-ZIP	<i>HOMOSASSA, FL. 34446</i>
TITLE	<i>TRUSTEE</i>
NAME	<i>JERI AUGUSTINE</i>
STREET ADDRESS	<i>1209 SE. PARADISE AVE.</i>
CITY-ST-ZIP	<i>CRYSTAL RIVER, FL. 34429</i>
TITLE	<i>TRUSTEE</i>
NAME	<i>LOIS B. THOMAS</i>
STREET ADDRESS	<i>17 REDBAY CT. E.</i>
CITY-ST-ZIP	<i>HOMOSASSA, FL. 34446</i>
TITLE	<i>TRUSTEE</i>
NAME	<i>SHELBY WEINGARTEN</i>
STREET ADDRESS	<i>23 PINE DR.</i>
CITY-ST-ZIP	<i>HOMOSASSA, FL. 34446</i>

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

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

28 January 2003 (852) 341-3098
Date Daytime Phone #

CR2E037B (12/02)