

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2000 8:00 am
Secretary of State

05-04-2000 90185 017 ****61.25

DOCUMENT # N95000004585

1. Entity Name

THE B.E.T.A. CHILDREN'S THEATRE, INC.

Principal Place of Business

Mailing Address

162 BROOKS ST SE
FT WALTON BEACH FL 32548
US

162 BROOKS ST SE
FT WALTON BEACH FL 32548-5827
US

2. Principal Place of Business

3. Mailing Address

162 Brooks St SE
Suite, Apt. #, etc.

162 Brooks St. SE
Suite, Apt. #, etc.

City & State
FWB, FL

City & State
Ft. Walton Beach, FL

Zip
32548

Country
USA

Zip
32548

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3351355

Applied For

Not Applicable

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

KERRIGAN, MICHELLE
162 BROOKS ST SE
FT WALTON BEACH FL 32548

Name

Same

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.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES ARE \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	KERRIGAN, MICHELLE	
STREET ADDRESS	162 BROOKS ST SE	
CITY - ST - ZIP	FT WALTON BEACH FL 32548	
TITLE	DC	<input type="checkbox"/> Delete
NAME	ROUNTREE, HAROLD R	
STREET ADDRESS	616 MOONEY RD	
CITY - ST - ZIP	PORT WALTON BEACH FL 32548	
TITLE	DC	<input type="checkbox"/> Delete
NAME	BIGOT, SHARRON L	
STREET ADDRESS	319 GARDNER DR	
CITY - ST - ZIP	FT WALTON BEACH FL	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY - ST - ZIP		

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 28, 2000 (850) 934-6314

CR2E037 (9/99)