

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****May 19, 2002 8:00 am**
Secretary of State

05-19-2002 90223 045 ****61.25

DOCUMENT # N95000004585

1. Entity Name

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

Principal Place of Business

Mailing Address

**95 BAYBRIDGE
GULF BREEZE FL 32561
US****95 BAYBRIDGE
GULF BREEZE FL 32561
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

95 Baybridge

3. Mailing Address

95 Baybridge

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gulf Breeze, FL

City & State

Gulf Breeze, FL

4. FEI Number

59-3351355

Applied For

Not Applicable

Zip

Country

32561 USA

Zip

Country

32561 USA5. 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
95 BAYBRIDGE
GULF BREEZE FL 32561**

Name

Same

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

City

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

Michelle Kerrigan**April 20, 2002**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. 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	95 BAYBRIDGE	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	DEC	<input type="checkbox"/> Delete
NAME	BIGOT, SHARRON L	
STREET ADDRESS	319 GARDNER DR	
CITY-ST-ZIP	FORT WALTON BEACH FL 32548	
TITLE	DEC	<input type="checkbox"/> Delete
NAME	LAWSON, DIANE	
STREET ADDRESS	2378 OSPREY DR	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Michelle Kerrigan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 20, 2002 (850) 932-8485

CP2E037 (9/01)