

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90022 006 \*\*\*\*61.25

**DOCUMENT # N95000004749**

1. Entity Name

**FULL MOON THEATRE, INC.**

00004000



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>3328 THORNWOOD RD SARASOTA FL 34231</b>	Mailing Address <b>3328 THORNWOOD RD SARASOTA FL 34231-7476</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>65-0563153</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**HUDSON-SMITH, SUZANNE C  
3328 THORNWOOD RD  
SARASOTA FL 34231**

7. Name and Address of New Registered Agent

Name

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<p><b>FILE NOW:</b> <b>FEE IS \$61.25</b></p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p>	<p><b>\$5.00 May Be Added to Fees</b></p>	<p><b>Make Check Payable to Department of State</b></p>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><b>PD HUDSON-SMITH, C. SUZANNE 3328 THORNWOOD RD SARASOTA FL 34231</b></p> <p><input type="checkbox"/> Delete</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><b>V KIN, JEFF 2602 SUNNYSIDE SARASOTA FL 34239</b></p> <p><input type="checkbox"/> Delete</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><b>D MORRIS, NANCY 3328 THORNWOOD RD SARASOTA FL 34231</b></p> <p><input type="checkbox"/> Delete</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><b>D KEISMAN, MICHAEL 3744 SURREY LANE SARASOTA FL 34235</b></p> <p><input type="checkbox"/> Delete</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><b>D FOUTE, MARCLA 4021 VIA MERADA SARASOTA FL 34231</b></p> <p><input type="checkbox"/> Delete</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> Delete</p>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>

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: *C. Hudson-Smith* 2/16/00 941-922-4319

CR2E037 (9/99)