

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004903

1. Entity Name

THEATREWORKS OF CENTRAL FLORIDA, INC.

FILED
Jul 12, 2000 8:00 am
Secretary of State

07-12-2000 90007 012 ****61.25

Principal Place of Business

Mailing Address

2103 HOMEWOOD DR
ORLANDO FL 32809
US

2103 HOMEWOOD DR
ORLANDO FL 32809-6102
US

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

59-3411509

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEZUTTER, STACY
1800 W COLUMBIA AVE
KISSIMMEE FL 34741

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

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
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PSTD <input type="checkbox"/> Delete
NAME	DEZUTTER, STACY L
STREET ADDRESS	2103 HOMEWOOD DR
CITY-ST-ZIP	ORLANDO FL 32809
TITLE	D <input type="checkbox"/> Delete
NAME	BETZ, DONNA L
STREET ADDRESS	920 CARLSON DR.
CITY-ST-ZIP	ORLANDO FL 32804
TITLE	D <input type="checkbox"/> Delete
NAME	CENTKO, BERY
STREET ADDRESS	2212 RIVER PARK CIRCLE APT 211
CITY-ST-ZIP	ORLANDO FL 32817
TITLE	D <input type="checkbox"/> Delete
NAME	COLLI, MARLA
STREET ADDRESS	431 TIMBERCREEK DR N
CITY-ST-ZIP	WINTER GARDEN FL 34787
TITLE	D <input type="checkbox"/> Delete
NAME	HERBERT, SALLIE
STREET ADDRESS	120 LYNDBURST DR
CITY-ST-ZIP	APOPKA FL 32779
TITLE	D <input type="checkbox"/> Delete
NAME	CANIGLIA, DON
STREET ADDRESS	1121 CAMBRIDGE ST
CITY-ST-ZIP	DELTONA FL 32725

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

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

Date

Daytime Phone #

6-1-00

407-870-9055

CR2E037 (9/99)