

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004903

1. Entity Name

THEATREWORKS! OF CENTRAL FLORIDA, INC.

Principal Place of Business

2103 HOMEWOOD DR  
ORLANDO FL 32809  
US

Mailing Address

2103 HOMEWOOD DR  
ORLANDO FL 32809  
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

## 6. Name and Address of Current 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PSTD  
DEZUTTER, STACY L  
2103 HOMEWOOD DR  
ORLANDO FL 32809

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
BETZ, DONNA L  
920 CARLSON DR.  
ORLANDO FL 32804

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
CENTKO, BERY  
2212 RIVER PARK CIRCLE APT 211  
ORLANDO FL 32817

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
COLLI, MARLA  
431 TIMBERCREEK DR N  
WINTER GARDEN FL 34787

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
HERBERT, SALLIE  
120 LYNDHURST DR  
APOPKA FL 32779

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
CANIGLIA, DON  
1121 CAMBRIDGE ST  
DELTONA FL 32725

Delete

## 11.

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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: *Stacy L. DeZutter* 4-30-01 407-870-9055

FILED  
May 17, 2001 8:00 am  
Secretary of State

05-17-2001 90389 041 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)