

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 91690 039 ****61.25

DOCUMENT # N96000004903

1. Entity Name

THEATREWORKS! OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

**2103 HOMEWOOD DR
 ORLANDO FL 32809
 US**

**2103 HOMEWOOD DR
 ORLANDO FL 32809
 US**

2. Principal Place of Business

3. Mailing Address

800 Pennsylvania Ave

Suite, Apt. #, etc.

800 Pennsylvania Ave

Suite, Apt. #, etc.

City & State

St. Cloud FL

City & State

St. Cloud FL

4. FEI Number

59-3411509

Applied For

Not Applicable

Zip

34769

Country

US

Zip

34769

Country

US

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

**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 ☐ Delete
 NAME **PSTD**
 STREET ADDRESS **DEZUTTER, STACY L**
 CITY-ST-ZIP **2103 HOMEWOOD DR
 ORLANDO FL 32809**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **BETZ, DONNA L**
 CITY-ST-ZIP **920 CARLSON DR.
 ORLANDO FL 32804**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **CENTKO, BERY**
 CITY-ST-ZIP **2212 RIVER PARK CIRCLE APT 211
 ORLANDO FL 32817**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **COLLI, MARLA**
 CITY-ST-ZIP **431 TIMBERCREEK DR N
 WINTER GARDEN FL 34787**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **HERBERT, SALLIE**
 CITY-ST-ZIP **120 LYNTHURST DR
 APOPKA FL 32779**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **CANIGLIA, DON**
 CITY-ST-ZIP **1121 CAMBRIDGE ST
 DELTONA FL 32725**

TITLE ☐ Change ☐ 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 DEZUTTER, STACY L
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-02 407-870-9055

CR2E037 (9/01)