

N9600000 4919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

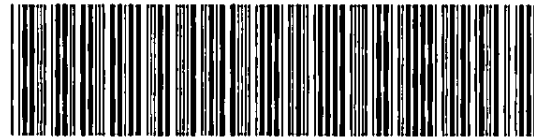
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# STRAUGHN & TURNER, P.A.

ATTORNEYS AND COUNSELORS AT LAW

RICHARD E. STRAUGHN

MARK G. TURNER

\* DOUGLAS A. LOCKWOOD, III

MARK W. MANGEN

\* BOARD CERTIFIED IN CIVIL TRIAL LAW

JACK STRAUGHN

(1925-2000)

August 5, 2019

Florida Department of State  
Division of Corporations  
AMENDMENT SECTION  
Post Office Box 6327  
Tallahassee, Florida 32314

RE: THE RITZ THEATRE 100, INC.  
Document No.: N96000004919  
Our File No.: 13193/0001

Dear Sir:

Please find enclosed herewith for filing the original Articles of Amendment to the Articles of Incorporation, incident to the above non-profit corporation.

Further enclosed is my client's check made payable to the Florida Department of State, in the total amount of \$35.00 which represents the filing fee of \$35.00, along with an envelope for forwarding to me a copy of your acknowledgment.

Should you have any questions, please do not hesitate to contact me.

Sincerely yours,

STRAUGHN & TURNER, P.A.

**MARK G. TURNER**

MARK G. TURNER  
(Stamped in my absence to avoid delay)

MGT/djb

enclosures

ritztheatre.misc\letter\fladep.01-amendart-directors

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: THE RITZ THEATRE 100, INC.

DOCUMENT NUMBER: N96000004919

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mark G. Turner, Esquire

\_\_\_\_\_  
(Name of Contact Person)

Straughn & Turner, P.A.

\_\_\_\_\_  
(Firm/ Company)

255 Magnolia Avenue, Southwest

\_\_\_\_\_  
(Address)

Winter Haven, Florida 33880

\_\_\_\_\_  
(City/ State and Zip Code)

tom@troidt.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark G. Turner or Debby Babcock

863

293-1184

at

\_\_\_\_\_  
(Name of Contact Person)

\_\_\_\_\_  
(Area Code)

\_\_\_\_\_  
(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|---|--|---|--|

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

THE RITZ THEATRE 100, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N96000004919

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

MARK G. TURNER

255 Magnolia Avenue, Southwest

(Florida street address)

New Registered Office Address:

Winter Haven


(City)

Florida 33880

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

  
Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>CHARLES A. DAVIS, JR.</u>	<u>P.O. Box 844</u> <u>Winter Haven, Florida 33882</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D/P</u>	<u>THOMAS R. OLDT</u>	<u>263-267 Central Avenue, West</u> <u>Winter Haven, Florida 33880</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>JUDY B. CLEAVES</u>	<u>263-267 Central Avenue, West</u> <u>Winter Haven, Florida 33880</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>BONNIE PARKER</u>	<u>263-267 Central Avenue, West</u> <u>Winter Haven, Florida 33880</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>STEVE KALOGRIDIS</u>	<u>263-267 Central Avenue, West</u> <u>Winter Haven, Florida 33880</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>KIMBERLY SHORT</u>	<u>263-267 Central Avenue, West</u> <u>Winter Haven, Florida 33880</u>

**ARTICLES OF AMENDMENT TO  
ARTICLES OF INCORPORATION  
OF  
THE RITZ THEATRE 100, INC.  
(continued)**

Type of Action (check one)	Title	Name	Address
7) <input type="checkbox"/> Change <input checked="" type="checkbox"/> <u>D</u>		VALERIE A. DOLLISON	263-267 Central Avenue, West Winter Haven, Florida 33880
<input checked="" type="checkbox"/> <u>X</u>	Add		
<input type="checkbox"/>	Remove		
8) <input type="checkbox"/> Change <input checked="" type="checkbox"/> <u>D</u>		SERETHA TINSLEY	263-267 Central Avenue, West Winter Haven, Florida 33880
<input checked="" type="checkbox"/> <u>X</u>	Add		
<input type="checkbox"/>	Remove		
9) <input type="checkbox"/> Change <input checked="" type="checkbox"/> <u>D</u>		MARK G. TURNER	263-267 Central Avenue, West Winter Haven, Florida 33880
<input checked="" type="checkbox"/> <u>X</u>	Add		
<input type="checkbox"/>	Remove		
10) <input type="checkbox"/> Change <input checked="" type="checkbox"/> <u>D</u>		BOB GERNERT, JR.	263-267 Central Avenue, West Winter Haven, Florida 33880
<input checked="" type="checkbox"/> <u>X</u>	Add		
<input type="checkbox"/>	Remove		
11) <input type="checkbox"/> Change <input checked="" type="checkbox"/> <u>D</u>		GARY SCHEMMER	263-267 Central Avenue, West Winter Haven, Florida 33880
<input checked="" type="checkbox"/> <u>X</u>	Add		
<input type="checkbox"/>	Remove		

**ARTICLES OF AMENDMENT TO  
ARTICLES OF INCORPORATION  
OF  
THE RITZ THEATRE 100, INC.  
(continued)**

<u>Type of Action</u>	<u>Title</u>	<u>Name</u>	<u>Address</u>
(check one)			

12) <input type="checkbox"/> Change <input checked="" type="checkbox"/> <u>D</u>	JOHN H. "Jay" GRAY, JR.	263-267 Central Avenue, West Winter Haven, Florida 33880
<input checked="" type="checkbox"/> Add		
<input type="checkbox"/> Remove		

13) <input type="checkbox"/> Change <input checked="" type="checkbox"/> <u>D</u>	RICK RENARDSON.	263-267 Central Avenue, West Winter Haven, Florida 33880
<input checked="" type="checkbox"/> Add		
<input type="checkbox"/> Remove		

14) <input type="checkbox"/> Change <input checked="" type="checkbox"/> <u>D</u>	MIKE KINGHAM	263-267 Central Avenue, West Winter Haven, Florida 33880
<input checked="" type="checkbox"/> Add		
<input type="checkbox"/> Remove		

[illegible]



The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: July 10, 2019  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.


Dated July 10, 2019 \_\_\_\_\_

Signature \_\_\_\_\_  
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

THOMAS R. OLDT

\_\_\_\_\_  
(Typed or printed name of person signing)

President

  
\_\_\_\_\_  
(Title of person signing)