

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001946

1. Entity Name

ODYSSEY STAGE CORPORATION

FILED
Aug 31, 2000 8:00 am
Secretary of State

08-31-2000 90002 023 ****61.25

Principal Place of Business

616 EXECUTIVE CENTER DRIVE
SUITE 201
WEST PALM BEACH FL 33401-4944

Mailing Address

616 EXECUTIVE CENTER DRIVE
SUITE 201
WEST PALM BEACH FL 33401-4944

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0752526

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CHILLINGWORTH, CHARLES C
257 GRANADA ROAD
WEST PALM BEACH FL 33401

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
After September 13, 2000 min. will be \$236.25

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 D ☐ Delete
NAME BLAKE, KEVIN
STREET ADDRESS 126 MANCHA AVE.
CITY-ST-ZIP ROYAL PALM BEACH FL 33411

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

TITLE D ☐ Delete
NAME CHILLINGWORTH, CHARLES C
STREET ADDRESS 257 GRANADA ROAD
CITY-ST-ZIP WEST PALM BEACH FL 33401

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

TITLE D ☐ Delete
NAME DUPONT, ISRAEL
STREET ADDRESS 616 EXECUTIVE CENTER DRIVE, #201
CITY-ST-ZIP WEST PALM BEACH FL 33401-4944

TITLE P/D ☒ Change ☐ Addition
NAME SAME
STREET ADDRESS SAME
CITY-ST-ZIP SAME

TITLE D ☒ Delete
NAME GILLESPIE, CHRISTOPHER
STREET ADDRESS 6097 BOCA COLONY DR #1623
CITY-ST-ZIP BOCA RATON FL 33433

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

TITLE D ☒ Delete
NAME MCDERMOTT, COLEEN
STREET ADDRESS % 2090 PALM BCH LKS RD #800
CITY-ST-ZIP W PALM BCH FL 33409

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

TITLE D ☒ Delete
NAME SCHMIDT, DAVID
STREET ADDRESS % 2090 PALM BCH LKS BLVD #800
CITY-ST-ZIP W PALM BCH FL 33409

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIRECTOR/

PRESIDENT 8-28-00

561-687-2997

Date

Daytime Phone #

CR2E037 (5/00)