

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004387

1. Entity Name

ACT ONE THEATRE PROJECT, INC.

Principal Place of Business

4302 SOUTHPARK DRIVE  
TAMPA FL 33624

Mailing Address

4302 SOUTHPARK DRIVE  
TAMPA FL 33624

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

59-3460481

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ACOSTA, JORGE  
5620 N. ST. PETER AVENUE  
TAMPA FL 33614

7. Name and Address of New Registered Agent

Name DIANE TINDELL

Street Address (P.O. Box Number is Not Acceptable)  
4302 SOUTHPARK DRIVE

City TAMPA

FL

Zip Code 33624

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

*Diane Tindell* DIANE TINDELL - DIRECTOR

4.29.01

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 D ☒ Delete  
NAME ACOSTA, JORGE  
STREET ADDRESS 5620 N SAINT PETER AVE  
CITY-ST-ZIP TAMPA FL 33614

TITLE D ☐ Delete  
NAME TINDELL, DIANE  
STREET ADDRESS 4302 SOUTHPARK DR  
CITY-ST-ZIP TAMPA FL 33624

TITLE D ☒ Delete  
NAME LINDERT, JOSIE  
STREET ADDRESS 470 FAIRWOOD AVE  
CITY-ST-ZIP CLEARWATER FL 33759

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☒ Addition  
NAME D HARRIS ROMANER  
STREET ADDRESS 9170 HIGHLAND RIDGE WAY  
CITY-ST-ZIP TAMPA, FL 33647

TITLE ☐ Change ☒ Addition  
NAME D NOREEN BRAND  
STREET ADDRESS 617 SEAGOVIA CT. NE  
CITY-ST-ZIP ST. PETERSBURG, FL 33703

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 is 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: *Diane Tindell* DIANE TINDELL 4.29.01 813-960-5483

FILED  
Jun 01, 2001 8:00 am  
Secretary of State

06-01-2001 90005 043 \*\*\*\*70.00

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)