

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -3 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N97000004759**

1. Entity Name
**MOONLIGHT THEATRE & FILM
PRODUCTIONS INCORPORATED**

Principal Place of Business Mailing Address

2. Principal Place of Business

1031 SUTOR SUITE A

3. Mailing Address

Suite, Apt. #, etc.

SUITE A, Room 100

City & State

TALLAHASSEE, FL

City & State

Zip

32311

Country

U.S.

Zip

Country

4. FEI Number

59-3465188

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**IRWIN MILLER
1031 SUTOR SUITE A Room 201
TALLAHASSEE, FL 32311**

7. Name and Address of New Registered Agent

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

Irwin Miller

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

5/3/2000

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	<input type="checkbox"/> Delete
NAME	IRWIN MILLER	
STREET ADDRESS	1031 SUTOR SUITE A ROOM 201	
CITY-ST-ZIP	TALLAHASSEE, FL 32311	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARTER, TENE	
STREET ADDRESS	1031 SUTOR SUITE A ROOM 201	
CITY-ST-ZIP	TALLAHASSEE, FL 32311	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOYD, BROD	
STREET ADDRESS	1031 SUTOR SUITE A ROOM 202	
CITY-ST-ZIP	TALLAHASSEE, FL 32311	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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*******70.00 *****70.00**

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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:

Irwin Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/2000

Date

**(850)
879-3141**

Daytime Phone #

CR2E037 (9/99)