

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91716 015 \*\*\*\*61.25

**DOCUMENT # N97000006199**

1. Entity Name

**LATHROP THEATRE PROJECT, INC.**

Principal Place of Business

Mailing Address

1707 BELL ST.  
 SANFORD FL 32771

1707 BELL ST.  
 SANFORD FL 32771

00010000

2. Principal Place of Business

3. Mailing Address

**LaThrop Theatre Project, Inc. 1101 Pine Avenue**  
 Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Sanford, FL**

City & State  
**Sanford, FL**

4. FEI Number  
**59-3506802**

Applied For  
 Not Applicable

Zip Country  
**32771 USA**

Zip Country  
**32771 USA**

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

**LATHROP, ALTON**  
~~1707 BELL ST.~~  
**SANFORD FL 32771**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD</b> <b>ALTON LATHROP</b> <b>1707 BELL ST</b> <b>SANFORD FL 32771</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPCD</b> <b>JOSEPH PINCKNEY</b> <b>1435 OBERLAND TERR, HAMPTON PK</b> <b>LAKE MARY FL 32773</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>ELIZABETH GAINES</b> <b>601 S THORPE AVE</b> <b>ORANGE CITY FL 32763</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President, Director</b> <b>Alton Lathrop</b> <b>1707 Bell Street</b> <b>Sanford, FL 32771</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President, Director</b> <b>Cynthia H. Smith,</b> <b>417 E. 2nd Street</b> <b>Sanford, FL 32772</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer, Director</b> <b>Evola Frye,</b> <b>1016 Locust Avenue</b> <b>Sanford, FL 32772</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary, Director</b> <b>Annye L. Refoe</b> <b>Seminole Comm. College, 100 Weldon Blvd.</b> <b>Sanford, FL 32773-6109</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Assistant Secretary, Director</b> <b>Dr. Stephen Caldwell Wright</b> <b>Seminole Comm. College, 100 Weldon Blvd.</b> <b>Sanford, FL 32773-6199</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Alton Lathrop*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **ALTON LATHROP** Date **4/28/02** Daytime Phone # **(707) 324-2786**

CR2E037 (9/01)