## 2000 UNIFORM BUSINES'S REPORT (UBR)

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Daytime Phone #

## **FILED** Mar 20, 2000 8:00 am Secretary of State DOCUMENT # N98000000953 ATHENS THEATRE, INC. 03-20-2000 90001 044 \*\*\*\*61 25 Mailing Address Principal Place of Business P.O. BOX 437 P.O. BOX 437 **DELAND FL 32721-0437** DELAND FL 32721-0437 C0039307 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3494555 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) NYE, GLENN L 218 EAST NEW YORK AVENUE SUITE D Zip Code City FL DELAND FL 32724 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. D/vp ☐ Addition TITLE TITLE ☐ Delete NAME NAME **BLAIS, STEVE** 4168 NORTH GRAND AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELAND FL 32720 ☐ Addition D/P **Change** TITLE Delete TITLE NAME DUNN, DEBBIE NAME STREET ADDRESS STREET ADDRESS 510 WEST-MINNESOTA CITY-ST-ZIP CITY-ST-ZIP DELAND FL 32720 Addition Change Change TITLE ☐ Delete TITLE NAME FLEISHEL, TOM NAME STREET ADDRESS STREET ADDRESS 812 NORTH WOODLAND BLVD. CITY-ST-ZIP CITY-ST-ZIP DELAND FL 32720 ☐ Addition Change TITLE □ Delete TITLE HAGSTROM, LORNA J NAME NAME STREET ADDRESS STREET ADDRESS 921 SOUTH HILL AVENUE CITY-ST-ZIP CITY-ST-ZIP **DELAND FL 32724** ☐ Delete TITLE Change ☐ Addition TITLE NAME HOLLMANN, STACIA NAME STREET ADDRESS STREET ADDRESS 310 WEST MINNESOTA AVENUE CITY-ST-ZIP CITY-ST-ZIP DELAND FL 32720 X Delete TITLE Change Addition TITLE NAME HURLEY, MARY NAME STREET ADDRESS STREET ADDRESS 1485 MERCER'S FERNERY ROAD CITY-ST-ZIP CITY-ST-7IP DELAND FL 32720 12. I hereby certify that the information supplied with this filling thes 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 applemental report is true and accordate 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

A Hachment C0039307 HN9800000953

## ATHENS THEARE, INC. P. O. Box 437, DeLand, FL 32721

## Board of Directors 2000

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Debbie Dunn,
510 W. Minnesota Ave.
DeLand, FL 32720
736-2620 (h)
734-8779 (wk)
734-8877 (FAX)

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