

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90312 008 ****70.00

DOCUMENT # N98000003479

1. Entity Name

ATLANTIC SHAKESPEARE FESTIVAL, INC.

Principal Place of Business

Mailing Address

**1340 A1A SOUTH
 SAINT AUGUSTINE FL 32085**

**PO BOX 1975
 SAINT AUGUSTINE FL 32085
 US**

2. Principal Place of Business

3. Mailing Address

1435 22ND AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

VERO BEACH, FL

4. FEI Number

59-3517544

Applied For

Not Applicable

Zip

Country

Zip

Country

32960

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

**AMERILAWYER
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

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 **D** ☐ Delete
 NAME **JACOBS, DARLENE**
 STREET ADDRESS **131 COWRY RD**
 CITY-ST-ZIP **SAINT AUGUSTINE FL 32086**

TITLE **D** ☒ Change ☐ Addition
 NAME **GILL, DARLENE**
 STREET ADDRESS **131 COWRY RD**
 CITY-ST-ZIP **SAINT AUGUSTINE FL 32086**

TITLE **PD** ☐ Delete
 NAME **GILL, ROBERT**
 STREET ADDRESS **131 COWRY RD**
 CITY-ST-ZIP **SAINT AUGUSTINE FL 32086**

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

TITLE **SD** ☐ Delete
 NAME **SMITH, SCOTT J**
 STREET ADDRESS **546 LORING VILLAGE CT**
 CITY-ST-ZIP **ORANGE PARK FL 32073**

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

TITLE **TD** ☐ Delete
 NAME **HANCOCK, SHERRI**
 STREET ADDRESS **22 OAKWOOD PARK**
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **TD** ☒ Change ☐ Addition
 NAME **CALLAHAN, SHERRI L.**
 STREET ADDRESS **22 OAKWOOD PARK**
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **MD** ☐ Delete
 NAME **PUTZKE, JON A**
 STREET ADDRESS **1435 22ND AVE**
 CITY-ST-ZIP **VERO BEACH FL 32960**

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

TITLE **VD** ☐ Delete
 NAME **LA MANQUE, AARON C**
 STREET ADDRESS **3285 CHEROKEE AVE**
 CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE **D** ☐ Change ☒ Addition
 NAME **COGHLAN, DEREK**
 STREET ADDRESS **109 FERDINAND AVE**
 CITY-ST-ZIP **ST AUGUSTINE FL 32080**

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 **Jon A Putzke** **REONIAE PUTZKE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/26/02 772-569-0132

CR2E037 (9/01)