

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90338 037 \*\*\*\*70.00

0016945

**DOCUMENT # N98000003479**

1. Entity Name

**ATLANTIC SHAKESPEARE FESTIVAL, INC.**



Principal Place of Business

**1340 A1A SOUTH  
SAINT AUGUSTINE FL 32085**

Mailing Address

**1435 22ND AVE.  
VERO BEACH FL 32960  
US**

**11036013**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3517544**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE **TD** ☐ Delete  
NAME **CALLAHAN, SHERRI L**  
STREET ADDRESS **22 OAK WOOD 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 **D** ☐ Delete  
NAME **COGHILAN, DEREK**  
STREET ADDRESS **109 FERDINAND AVE.**  
CITY-ST-ZIP **ST. AUGUSTINE FL 32080**

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

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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 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:

*Signature*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/30/03** **772-559-0556**  
Date Daytime Phone #

CR2E037 (10/02)