

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90305 017 ****61.25

DOCUMENT # N98000004364

1. Entity Name

THE ACTORS' PROJECT THEATRE COMPANY, INC.

Principal Place of Business

Mailing Address

**2810 RIVERSIDE DRIVE, #204
 CORAL SPRINGS FL 33065**

**2810 RIVERSIDE DRIVE, #204
 CORAL SPRINGS FL 33065-5546**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0852143

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHNSTON, DARRYL W
 29 SOUTH BROOKSVILLE AVENUE
 BROOKSVILLE FL 34601**

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 of registered agent or printed name of registered agent 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 Delete
 NAME **PTS**
 STREET ADDRESS **ADJAN, IRENE S**
 CITY-ST-ZIP **2810 RIVERSIDE DRIVE, #204
 CORAL SPRINGS FL 33065**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **V**
 STREET ADDRESS **LONDON, AMY**
 CITY-ST-ZIP **337.1 N.W. 97TH TERRACE
 SUNRISE FL 33351**

TITLE Change Addition
 NAME
 STREET ADDRESS **1413 SW 109th Way**
 CITY-ST-ZIP **Davie, FL 33324**

TITLE Delete
 NAME **D**
 STREET ADDRESS **MCKEEVER, MICHAEL**
 CITY-ST-ZIP **3475 SOUTHWOOD COURT
 DAVIE FL 33328**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **BRADLEY-CHEDA, GIA**
 CITY-ST-ZIP **1519 N. 46TH AVENUE
 HOLLYWOOD FL 33021**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **HARDCASTLE, TERRELL**
 CITY-ST-ZIP **2501 S OCEAN DR #406
 HOLLYWOOD-BY-THE-SEA FL 33019**

TITLE Change Addition
 NAME **D**
 STREET ADDRESS **Dillickrath, Tom**
 CITY-ST-ZIP **100 Edgewater Drive #335
 Coral Gables, FL 33133**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Darryl W Johnston*

1/10/00

(954) 340-1614

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #