

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90014 024 ****61.25

DOCUMENT # N98000004364

1. Entity Name

THE ACTORS' PROJECT THEATRE COMPANY, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0852143

Applied For

Not Applicable

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

**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, 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	PTS ADJAN, IRENE S	<input type="checkbox"/> Delete
STREET ADDRESS	2810 RIVERSIDE DRIVE, #204	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE NAME	V LONDON, AMY	<input type="checkbox"/> Delete
STREET ADDRESS	1413 SW 109TH WAY	
CITY-ST-ZIP	DAVIE FL 33324	
TITLE NAME	D MCKEEVER, MICHAEL	<input type="checkbox"/> Delete
STREET ADDRESS	3475 SOUTHWOOD COURT	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE NAME	D BRADLEY-CHEDA, GIA	<input type="checkbox"/> Delete
STREET ADDRESS	1519 N. 46TH AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE NAME	D DILLICKRATH, TOM	<input type="checkbox"/> Delete
STREET ADDRESS	100 EDGEWATER DR #335	
CITY-ST-ZIP	CORAL GABLES FL 33133	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Irene Adjan 01/08/01 340-1614

Date

Daytime Phone #

CR2E037 (10/00)