

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000005270

FILED  
Apr 25, 2002 8:00 AM  
Secretary of State

**Entity Name:** ACTORS REPERTORY THEATRE, INC.

**Current Principal Place of Business:**

27099 ALLAN STREET  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 8747  
NAPLES, FL 34101

**New Mailing Address:**

**FEI Number:** 59-3539482

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WOLLMAN, EDWARD E  
5129 CASTELLO DRIVE  
SUITE 1  
NAPLES, FL 34103 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: POLITICO, THOM  
Address: 27099 ALLAN STREET  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VD ( ) Delete  
Name: MCCLELLAN, MARK K  
Address: 3120 SEASONS WAY #301  
City-St-Zip: ESTERO, FL 33928

Title: TSD ( ) Delete  
Name: PEET, ALISON  
Address: 27099 ALLAN STREET  
City-St-Zip: BONITA SPRINGS, FL 34135

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: MCCLELLAN, MARK K  
Address: 27028 JARVIS ROAD  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALISON PEET

TSD

04/25/2002

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date