

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90280 006 ****61.25

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

DOCUMENT # N98000005270

1. Entity Name
ACTORS REPERTORY THEATRE, INC.



Principal Place of Business
**27099 ALLAN STREET
BONITA SPRINGS, FL 34135**

Mailing Address
**PO BOX 8747
NAPLES, FL 34101**

11014045

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

59-3539482

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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's 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	POLITICO, THOM	27099 ALLAN STREET	BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/>
VD	MCCLELLAN, MARK K	27028 JARVIS ROAD	BONITA SPRINGS, FL 34135	<input type="checkbox"/>
TSD	PEET, ALISON	27099 ALLAN STREET	BONITA SPRINGS, FL 34135	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
	MCClellan, Mark K.	18553 Zinnia Rd.	Fort Myers, FL 33912-6196	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	PD			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	TSD	Mark A. Slack	801 Anchor Rode Dr. Suite 203	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Naples, FL 34103		<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

4/24/03 (239) 261-0544

Date

Daytime Phone #

CR2E037 (10/02)