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

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

	MILOKW DOSIK		(OBK)		ĺ	04-24-2003	90280	UU6 ****	51.23	
DOCUMENT # N9800005270 1. Entity Name ACTORS REPERTORY THEATRE, INC.										
Principal Place of Business Mailing Address					1	101404	5			
27099 ALLAI	N STREET	PO BOX 8747			11013010					
BONITA SPRINGS, FL 34135 NAPLES, FL 34101										
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2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE I	F MAKING	CHANGES		
City & State		City & State			4. FEI Number 59-3539482			Applied For Not Applicable		
Zip	Country	Zip	Country		5. Certificate of S	tatus Desired		\$8.75 Add Fee Require	itional d	
· — — — · · · · · · · · · · · · · · · ·	6. Name and Address of Current	Registered Agent			7. Name and Add	Ireas of New Re	glatered A	gent ~		-
			Name							
WOLLMAN, EDWARD E 5129 CASTELLO DRIVE				Street Address (P.O. Box Number is Not Acceptable)						
SUITE 1	ELLO DRIVE		Sireet Address (P.O. Box Number is N			NOL ACCEPTABLE,	,			1
NAPLES, FL 34103										7
			City				FL	Zip Cod	 -	1
The above	named entity submits this statement for	or the nurpose of changing Its.	registered office or	r register	ed agent, or both, in	the State of Flor		amiliar with.	and accept	-
	tions of registered agent.	with beneate of duranging its	ogisioned billion of		ca agoing or boar, ii	4,6 0,000 0, 110,	100	Q,,,,,,,,	410 40000	
	1.40									1
SIGNATURE	19 6 10					<u>-</u>			v ·	-
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agents ignat	urė required	when minstaling)		DATE			
	FILE:NOW: FEE:IS \$61:25	paign Financing ontribution.		\$5.00 May Be Added to Fees			Payable ment of S			
10.	OFFICERS AND DI	RECTORS	11.	, A	ADDITIONS/CHANG	ES TO OFFICER	IS AND DIF	RECTORS IN	10	_ إ
TITLE	PD	De lete	TATE					☐ Change	☐ Addition	15
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			_	 		·		K/Changa	Addition	∤ %
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12. I hereby	certify that the information supplied with	this filing does not qualify for	the exemption sta	ted in Se	ction 119.07(3)(I), FI	orlda Statutes. I	further cen	tify that the l	nformation	1
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.										
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SIGNAT	URE:	m Teel			4/2//	03 (2	39) 24	01-004	<u>4</u>	
i	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER (OR DIRECTOR		/ /	Core	′ to	sylime Phone #		1