

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006352

1. Entity Name

APPLAUSE COMMUNITY THEATER, INC.

FILED

Apr 19, 2001 8:00 am  
Secretary of State

04-19-2001 90318 017 \*\*\*\*70.00

Principal Place of Business

2102 KAROLINA AVE  
WINTER PARK FL 32789

Mailing Address

2102 KAROLINA AVE  
WINTER PARK FL 32789

2. Principal Place of Business

2102 KAROLINA AVE

3. Mailing Address

2102 KAROLINA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINTER PARK

City & State

WINTER PARK

Zip

32789

Country

U.S.A

Zip

32789

Country

U.S.A

4. FEI Number

59-3543441

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COOLEY, GARY M  
2102 KAROLINA AVE  
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

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

GARY M. Cooley

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

TITLE PD  
NAME COOLEY, GARY MERTON  
STREET ADDRESS 2102 KAROLINA AVE.  
CITY-ST-ZIP WINTER PARK FL 32789 ☐ Delete

TITLE D  
NAME COOLEY, VERNELLE K  
STREET ADDRESS 2102 KAROLINA AVE.  
CITY-ST-ZIP WINTER PARK FL 32789 ☐ Delete

TITLE D  
NAME GIBSON, JOHN THOMAS  
STREET ADDRESS 5132 GOLDRIDGE PLACE RD.  
CITY-ST-ZIP WINTER PARK FL 32792-9252 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME Cooley, William A  
STREET ADDRESS 2102 KAROLINA AVE  
CITY-ST-ZIP WINTER PARK, FL 32789- ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

GARY M COOLEY

4/19/2001

407-740-8799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)