

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000010

1. Entity Name

CENTRAL FLORIDA THEATRE ALLIANCE, INC.

Principal Place of Business

398 W. AMELIA AVENUE
ORLANDO FL 32801

Mailing Address

398 W. AMELIA AVENUE
ORLANDO FL 32801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TALLY, LOU
515 N. ST CLAIR ABRAMS AVENUE
TAVARES FL 32778

Name Terry Olson

Street Address (P.O. Box Number is Not Acceptable)

398 W Amelia St.

City

Orlando

FL

Zip Code

32801

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WOHL, MATTHEW	
STREET ADDRESS	501 CHRISTOR PLACE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	KIENE, FORD W	
STREET ADDRESS	75 HOLDEN AVENUE	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	TALLY, LOU	
STREET ADDRESS	515 N. ST CLAIR ABRAMS AVE	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	STERLING, KIMBERLY	
STREET ADDRESS	315 E. ROBINSON ST., STE 580	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	D	<input type="checkbox"/> Delete
NAME	BALLARD, DARBY	
STREET ADDRESS	673 SCARLET OAK CIRCLE., #103	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BELL, BOBBIE	
STREET ADDRESS	3111 SUTTON DR	
CITY-ST-ZIP	ORLANDO FL 32810	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Margaret Nolan	
STREET ADDRESS	410 Gilbert Rd	
CITY-ST-ZIP	Winter Park, FL 32792	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Theresa Boscheinen	
STREET ADDRESS	306 Lakeview St #406	
CITY-ST-ZIP	Orlando, FL 32804	
TITLE	Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cid Stoll	
STREET ADDRESS	410 E Concord St.	
CITY-ST-ZIP	Orlando, FL 32803	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Buffie Paulduski	
STREET ADDRESS	8407 Carolina Dr	
CITY-ST-ZIP	Orlando, FL 32819	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michelle N. Falana	
STREET ADDRESS	238 Field Stream North Blvd	
CITY-ST-ZIP	Orlando, FL 32825	

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

Date

Daytime Phone #

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90145 041 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)