

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

N990000001227
Naples Children's Theatre, Inc.

Principal Place of Business

Mailing Address

589 98th Ave N.
Naples, Florida 34108

(same) ✓

2. Principal Place of Business

3. Mailing Address

589 98th Ave N.

589 98th Ave N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Naples, Florida

City & State
Naples, Florida

Zip
34108

Country
USA

Zip
34108

Country
USA

4. FEI Number

59-3568271

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANITA COHEN
589 98th Ave N.
NAPLES, FLORIDA 34108

Name
(same)

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 Anita C. Cohen (no changes)
ANITA C. COHEN, REGISTERED 4/26/00.
AGENT 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CHAIRMAN OF BD. OF DIRECTORS
ANITA COHEN (C)(D)
589 98th Ave N.
NAPLES, FLORIDA 34108

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
LINDA BRUNS
1131 ANNE ELISE CIRCLE (D)
ST. CLOUD, FLORIDA 34772

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
HOWARD COHEN (D)
589 98th Ave N.
NAPLES, FLORIDA 34108

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ 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: Anita C. Cohen CHAIRMAN OF BOARD OF DIRECTORS 4/26/00 (941) 596-1758
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90092 030 ****70.00

00091427

DO NOT WRITE IN THIS SPACE