

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000032822

1. Entity Name

MONTROSE ENTERTAINMENT, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90127 001 ***150.00

Principal Place of Business

728 ENDEAVOR DRIVE, SOUTH
WINTER SPRINGS FL 32708

Mailing Address

728 ENDEAVOR DRIVE, SOUTH
WINTER SPRINGS FL 32708

00052945



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

450 GINGER LN

3. Mailing Address

450 GINGER LANE

Suite, Apt. #, etc.

WINTER SPRINGS

Suite, Apt. #, etc.

WINTER SPRINGS, FL

City & State

FL

City & State

FL

Zip

32708

Country

Zip

32708

Country

USA

4. FEI Number 59-3435772

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

CHAMBERS, LLOYD
728 ENDEAVOR DRIVE, SOUTH
WINTER SPRINGS FL 32708

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CHAMBERS, JOAN	
STREET ADDRESS	728 ENDEAVOR DRIVE, SOUTH	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	JOAN CHAMBERS	<input type="checkbox"/> Delete
NAME	450 GINGER LN	
STREET ADDRESS	WINTER SPRINGS, FL 32708	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joan Chambers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01

Date

407 327-3227

Daytime Phone #

CR2E034 (10/00)