

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90017 042 \*\*\*150.00

**DOCUMENT # P99000051326**

1. Entity Name  
**CURTAIN CALL PERFORMING ARTS THEATER INC.**

Principal Place of Business <b>3851 NORTHDAL BLVD. TAMPA FL 33624</b>	Mailing Address <b>3851 NORTHDAL BLVD. TAMPA FL 33624-1861</b>
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2. Principal Place of Business <b>5257 EHRlich RD.</b> Suite, Apt. #, etc.	3. Mailing Address <b>5257 EHRlich RD.</b> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <b>TAMPA, FLORIDA</b>	City & State <b>TAMPA, FLORIDA</b>	4. FEI Number <b>59-3597573</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33624</b>	Country <b>U.S.</b>	Zip <b>33624</b>	Country <b>U.S.</b>
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>HENRY, STEPHEN C 16215 PARKSIDE DRIVE TAMPA FL 33624</b>	7. Name and Address of New Registered Agent Name: <b>HENRY, STEPHEN C.</b> Street Address (P.O. Box Number is Not Acceptable): <b>5257 EHRlich RD. (EHRlich)</b> City: <b>TAMPA</b> FL Zip Code: <b>33624</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PRESIDENT</b> <input type="checkbox"/> Delete		TITLE <b>PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME <b>STEPHEN C. HENRY</b>		NAME <b>STEPHEN C. HENRY</b>	
STREET ADDRESS <b>16215 PARKSIDE DRIVE</b>		STREET ADDRESS <b>16215 PARKSIDE DRIVE</b>	
CITY-ST-ZIP <b>TAMPA, FL 33624</b>		CITY-ST-ZIP <b>TAMPA, FL 33624</b>	
TITLE <input type="checkbox"/> Delete		TITLE <b>VICE-PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME <input type="checkbox"/> Delete		NAME <b>LYNDA GOETZ</b>	
STREET ADDRESS <input type="checkbox"/> Delete		STREET ADDRESS <b>4313 BEAU RIVAGE CIR.</b>	
CITY-ST-ZIP <input type="checkbox"/> Delete		CITY-ST-ZIP <b>LUTZ, FL 33549</b>	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <input type="checkbox"/> Delete		NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <input type="checkbox"/> Delete		STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP <input type="checkbox"/> Delete		CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <input type="checkbox"/> Delete		NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <input type="checkbox"/> Delete		STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP <input type="checkbox"/> Delete		CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: Stephen C. Henry, President **STEPHEN C. HENRY** 3/23/00 (813)-962-7538  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)