

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082452

1. Entity Name

LIMELIGHT PRODUCTIONS & ENTERTAINMENT, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90090 001 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 947586
MAITLAND FL 32794

P.O. BOX 947586
MAITLAND FL 32794-7586

2. Principal Place of Business

1209 Charles St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Zip

32808

Country

USA

Zip

Country

4. FEI Number

59-3632383

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCLAUGHLIN, KATHERINE H
1209 CHARLES ST.
ORLANDO FL 32808

Name

Hendrick, Katherine A.

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

1209 Charles St.

City

Orlando

FL

Zip Code

32808

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 reappointing)

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, 2000 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	DP	<input type="checkbox"/> Delete
NAME	HENDRICK, DAVID A JR	
STREET ADDRESS	P.O. BOX 947586 N/A	
CITY-ST-ZIP	MAITLAND FL 32794	
TITLE	DVST	<input type="checkbox"/> Delete
NAME	MCLAUGHLIN, KATHERINE H	
STREET ADDRESS	P.O. BOX 947586 N/A	
CITY-ST-ZIP	MAITLAND FL 32794	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SYLVAIN, VALENSKY V	
STREET ADDRESS	P.O. BOX 947586 N/A	
CITY-ST-ZIP	MAITLAND FL 32794	
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	DVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hendrick, Katherine A.	
STREET ADDRESS	PO Box 947586	
CITY-ST-ZIP	Maitland, FL 32794	
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/00

407-532-6636

CR2E034 (9/99)