

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000089235

1. Entity Name -
NEAPOLITAN DINNER THEATER, INC.

Principal Place of Business Mailing Address
1025 PIPER BOULEVARD 1025 PIPER BOULEVARD
NAPLES FL 34103 NAPLES FL 34103

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip 34108 Country Zip 34108 Country

6. Name and Address of Current Registered Agent

CRONIN, DENNIS P
4001 TAMiami TRAIL NORTH #404
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name Michael Wainstein
Street Address (P.O. Box Number is Not Acceptable)
c/o Naples Dinner Theatre
1025 Piper Blvd.
City Naples FL Zip Code 34110

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 Michael Wainstein DATE 9-8-01
(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) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE D ☐ Delete
NAME GLAZER, STUART A
STREET ADDRESS 1025 PIPER BOULEVARD
CITY-ST-ZIP NAPLES FL 34110

TITLE D ☐ Delete
NAME MARCUS, BARRY M
STREET ADDRESS 1025 PIPER BOULEVARD
CITY-ST-ZIP NAPLES FL 34110

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME 100004704591--8
STREET ADDRESS -12/04/01--01069--017
CITY-ST-ZIP ***150.00 ***150.00

TITLE ☐ Change ☐ Addition
NAME 100004704591--8
STREET ADDRESS -12/04/01--01069--018
CITY-ST-ZIP ***600.00 ***600.00

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

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

TITLE ☐ Change ☐ 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]
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
01 NOV 15 AM 10:12



REINSTATEMENT DO NOT WRITE IN THIS SPACE 01

4. FEI Number 59-3602981 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

0096613 AV

CR2E034 (5/01)