

**2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 730619

**Entity Name:** THE HIPPODROME STATE THEATRE, INC.

**Current Principal Place of Business:**

25 SOUTHEAST 2ND PLACE  
GAINESVILLE, FL 32601

**Current Mailing Address:**

25 SOUTHEAST 2ND PLACE  
GAINESVILLE, FL 32601 US

**FEI Number:** 59-1590987

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DAENZER, NICOLE  
25 SE 2 PLACE  
GAINESVILLE, FL 32601 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title CO-TRUSTEE  
Name STYRON, ELIZABETH  
Address 25 SOUTHEAST 2ND PLACE  
City-State-Zip: GAINESVILLE FL 32601

Title CO-TRUSTEE  
Name CALDWELL, LAUREN  
Address 25 SOUTHEAST 2ND PLACE  
City-State-Zip: GAINESVILLE FL 32601

Title MANAGING DIRECTOR  
Name DAENZER, NICOLE  
Address 25 SOUTHEAST 2ND PLACE  
City-State-Zip: GAINESVILLE FL 32601

Title VP  
Name CORNWELL, BRUCE  
Address 25 SOUTHEAST 2ND PLACE  
City-State-Zip: GAINESVILLE FL 32601

Title SECRETARY  
Name ENTING, MARK  
Address 25 SOUTHEAST 2ND PLACE  
City-State-Zip: GAINESVILLE FL 32601

Title PRESIDENT  
Name CURRY, MICHAEL  
Address 25 SOUTHEAST 2ND PLACE  
City-State-Zip: GAINESVILLE FL 32601

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** NICOLE DAENZER

**MANAGING DIRECTOR**

**12/04/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date