

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2002 8:00 am**  
**Secretary of State**

07-17-2002 90143 026 \*\*\*\*61.25

DOCUMENT # N00000005572

1. Entity Name

PLAYWRIGHTS' ROUND TABLE, INC.

Principal Place of Business

Mailing Address

P O BOX 957  
 WINTER PARK FL 32789

P O BOX 957  
 WINTER PARK FL 32789

2. Principal Place of Business

3. Mailing Address

RD  
 1054 MONTGOMERY

1054 MONTGOMERY Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ALTAMONTE SPRINGS, FL

ALTAMONTE SPRINGS, FL

Zip

Country

Zip

Country

32714

Seminole

32714

Seminole

4. FEI Number

59-3733179

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

GORING, JOHN M  
 1054 MONTGOMERY ROAD  
 ALTAMONTE SPRINGS FL 32714

Name JOHN M GORING  
 Street Address (P.O. Box Number is Not Acceptable) 1054 MONTGOMERY RD  
 City ALTAMONTE SPRINGS, FL Zip Code 32714

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 *John M. Goring*  
Signature typed or printed name of registered agent and title if applicable

July 8, 2002  
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	MCELROY, DAVID A	
STREET ADDRESS	2545 MADELINE AVE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCGINNIS, MARILYN A	
STREET ADDRESS	2545 MADELINE AVE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	<input type="checkbox"/> Delete
NAME	MANNETTE, MARK	
STREET ADDRESS	3960 BISCAYNE DR	
CITY-ST-ZIP	WINTER PARK FL 32708	
TITLE	D	<input type="checkbox"/> Delete
NAME	MANNETTE, ALICE	
STREET ADDRESS	3960 BISCAYNE DR	
CITY-ST-ZIP	WINTER PARK FL 32708	
TITLE		<input type="checkbox"/> Delete
NAME	JOHN M GORING	
STREET ADDRESS	1054 MONTGOMERY RD	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
TITLE		<input type="checkbox"/> Delete
NAME	JACK MCGRATH	
STREET ADDRESS	1051 Long Branch Ln	
CITY-ST-ZIP	OVIEDO, FL 32765	

TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input checked="" 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	P/JOHN GORING	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN M GORING	
STREET ADDRESS	1054 MONTGOMERY RD	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
TITLE	D/JACK MCGRATH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACK MCGRATH	
STREET ADDRESS	1051 LONG BRANCH LN	
CITY-ST-ZIP	OVIEDO, FL 32765	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John M. Goring* JOHN M. GORING July 8, 2002 407-788-9428  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)

Attachment 1000000008872/  
675275

---

Adding these 3 more directors to the main page list For Playwrights' Round Table,  
FEI # 59-3733179:

Director  
Key Howard  
419 Seymour Ct,  
Oviedo, FL 32765

Director  
Jim Bruner  
2010 Harrison Av  
Orlando, FL 32804

Director  
Lyndol Michael  
14507 Greyscale Circle,  
Orlando, FL 32826

---