

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005572

1. Entity Name

PLAYWRIGHTS' ROUND TABLE, INC.

Principal Place of Business

P O BOX 957
WINTER PARK FL 32789

Mailing Address

P O BOX 957
WINTER PARK FL 32789

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3733179

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GORING, JOHN M
1054 MONTGOMERY ROAD
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

8/20/2001

DATE

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

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

TITLE D ☐ Delete
NAME MCELROY, DAVID A
STREET ADDRESS 2545 MADELINE AVE
CITY-ST-ZIP WINTER PARK FL 32789

TITLE D ☐ Delete
NAME MCGINNIS, MARILYN A
STREET ADDRESS 2545 MADELINE AVE
CITY-ST-ZIP WINTER PARK FL 32789

TITLE D ☐ Delete
NAME MANNETTE, MARK
STREET ADDRESS 3980 BISCAYNE DR
CITY-ST-ZIP WINTER PARK FL 32708

TITLE D ☐ Delete
NAME MANNETTE, ALICE
STREET ADDRESS 3980 BISCAYNE DR
CITY-ST-ZIP WINTER PARK FL 32708

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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

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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/2001

Date

407-647-3987

Daytime Phone if

5/

FILED
Aug 31, 2001 8:00 am
Secretary of State

05-15-2001 90008 024 ****61.25



DO NOT WRITE IN THIS SPACE

CR2EC37 (5/01)