

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**

02 OCT 28 PM 1:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # NO2000008167

1. Entity Name

Theater West, Incorporated

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

11320 Fortune Cir

Suite, Apt. #, etc.

11320 Fortune Cir G-7

City & State

Wellington FL

City & State

Wellington FL

4. FEI Number

651128397

Applied For

Not Applicable

ZIP

33414

Country

Palm Beach

ZIP

33414

Country

Palm Beach

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Mr. Connell Gordon

Street Address (P.O. Box Number is Not Acceptable)  
11320 Fortune Circle G-7

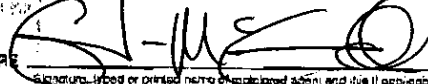
City Wellington

FL

Zip Code 33414

**DO NOT WRITE  
IN THIS SPACE**

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 

GORDON McCONNELL

10/23/02

FEE IS \$81.25  
Initial or Amended UBR

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 PO  
NAME McConnell Gordon  
STREET ADDRESS 310 Columbia Drive  
CITY-ST-ZIP Lake Worth FL 33460

TITLE D  
NAME Barnett, Nancy  
STREET ADDRESS 310 Columbia Drive  
CITY-ST-ZIP Lake Worth FL 33460

TITLE VO  
NAME Mcardle, Missy  
STREET ADDRESS 604 Columbia Drive  
CITY-ST-ZIP West Palm Beach FL 33401

TITLE S  
NAME Blanchette Beverly  
STREET ADDRESS 171 Colo Palm Lane  
CITY-ST-ZIP Royal Palm Beach FL 33411

TITLE  
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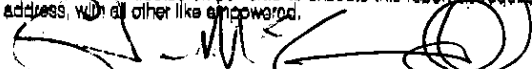
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 112.07(9)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:



10/23/02 561-791-1950

10/23/02