2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2000 8:00 am
Secretary of State
04-03-2000 90189 048 ****61.25

DOCUMENT # N05565

1. Entity Name

JAN MCART'S ROYAL PALM FESTIVAL DINNER THEATRE C

Principal Place of Business	Mailing Address
% MCART, JAN 315 S.E. MIZNER BLVD. BOCA RATON FL 33432	% MCART, JAN 315 S.E. MIZNER BLVD. BOCA RATON FL 33432-6004

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: 303 S.E. MIZNER BLVD	Suite, Apt. #, etc.: 303 S.E. MIZNER Blvd.
City & State: BOCA RATON, FL.	City & State: BOCA RATON FL.
Zip: 33432 Country: USA	Zip: 33432 Country: USA

4. FEI Number: 59-2454601 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CIMINO, ROBERT S. 315 GOLFVIEW DR #212 BOCA RATON FL 33432	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P MCART, DON 315 GOLFVIEW DR, STE 213 BOCA RATON FL 33432	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP + DIRECTOR DONALD MCART 315 SE MIZNER Blvd #213 BOCA RATON, FL. 33432	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T COHEN, PATRICIA 2261 CHERRY PALM RD BOCA RATON FL 33432	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES + DIRECTOR JAN MCART 315 SE MIZNER Blvd #213 BOCA RATON FL. 33432	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEITCH, BELLE 1280 SPANISH RIVER RD. BOCA RATON FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRES + DIRECTOR JAN WALKER 1260 COCOANUT Rd. BOCA RATON, FL. 33432	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAWLOR, DEBORAH 315 GOLFVIEW DR, STE 213 BOCA RATON FL 33432	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC + DIRECTOR DEBORAH LAWLOR 315 SE MIZNER Blvd BOCA RATON, FL. 33432	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCART, DON 315 GOLFVIEW DR STE 213 BOCA RATON FL 33432	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR MARY SCHUEHLER 828 FORSYTH STREET BOCA RATON, FL. 33487	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COHEN, PATRICIA V 2261 CHERRY PALM RD BOCA RATON FL 33432	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR PAUL CARMAN 847 FORSYTH STREET BOCA RATON, FL. 33487	☐ Change ☒ Addition

CR2E037 (9/99)

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] [illegible] 3/28/00 561-392-3755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #