2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05565

1. Entity Name

JAN MCART'S ROYAL PALM FESTIVAL DINNER THEATRE C

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90189 048 ****61.25

DO NOT WRITE IN THIS SPACE

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

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

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: JAN MCART / PRES — 3/28/00 — 561-392-3755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (9/99)