

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003348

1. Entity Name

THE CHILDREN'S THEATRE GUILD, INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90005 035 ****61.25

Principal Place of Business

Mailing Address

1226 PALAMA WAY
LANTANA FL 33462
US

1226 PALAMA WAY
LANTANA FL 33462-4132
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0430833

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WENDER, CHARLES
190 W. PALMETTO PARK RD.
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 PTDS ☐ Delete
NAME RICHARDS, MARGIE F.
STREET ADDRESS 2600 FIORE WAY SUITE 201
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE PTDS ☒ Change ☐ Addition
NAME Richards, Margie F.
STREET ADDRESS 1226 Palama Way
CITY-ST-ZIP Lantana, FL 33462

TITLE VD ☐ Delete
NAME WENDIER, CHARLES
STREET ADDRESS 190 W. PALMETTO PARK ROAD
CITY-ST-ZIP BOCA RATON FL 33483

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

TITLE D ☐ Delete
NAME RICHARDS, LARRY
STREET ADDRESS 2600 FIORE WAY #201
CITY-ST-ZIP DELRAY BEACH FL 33445

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

TITLE D ☐ Delete
NAME ROWELL, ERNEST
STREET ADDRESS 17656 FOXWOOD WAY
CITY-ST-ZIP BOCA RATON FL 33487

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

TITLE D ☐ Delete
NAME NOELL, DEBBIE
STREET ADDRESS 2410 RABBIT HOLLOW CIR
CITY-ST-ZIP DELRAY BCH FL 33444

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Margie F. Richards 2/24/00 588-2488

CR2E037 (9/99)