

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003423

1. Entity Name

THE JONATHAN ROBINSON THEATRICAL WORKSHOP, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90113 044 ****61.25

Principal Place of Business JRTW INC. 239 ALLENS RD. N.E. PALM BAY FL 32917 US	Mailing Address P O BOX 100233 PALM BAY FL 32910-0233 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 239 AVENS Rd NE.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Palm Bay	City & State
Zip 32907	Country Brevard

4. FEI Number 59-3193789	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROBINSON, MARYLOU 239 AVENS RD NE PALM BAY FL 32907

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: SEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
ED JAMES, SHEILA 975 GALLY STREET PALM BAY FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D ROBINSON, JONATHAN 975 GALLY STREET 239 AVENS Rd, NE. PALM BAY FL 32907	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
PD ROBINSON, MARYLOU 975 GALLY STREET 239 AVENS Rd NE. PALM BAY FL 32907	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
V DRAKES, JOY 1291 SAXONY ROAD SE PALM BAY FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
J JOYCE, PAMELA 902 HAKE AVE NE PALM BAY FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D ROBINSON, RICHARD 2467 S WASHINGTON AVENUE APT. 307B TITUSVILLE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PD Robinson, Marylou 239 AVENS Rd. NE. Palm Bay, FL 32907	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
member Baxter, Larry 251 AVENS Rd NE Palm Bay, FL 32907	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Secretary Daniels, Goldwyn 4014 Tree Ridge Ln NE. Palm Bay, FL 32909	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D Robinson, Jonathan 239 AVENS Rd. NE. Palm Bay, FL 32907	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Marylou Robinson **5-24-2000 407-727-2777**

CR2E037 (9/99)