

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003423

1. Entity Name

THE JONATHAN ROBINSON THEATRICAL WORKSHOP, INC.

**FILED**  
May 16, 2001 8:00 am  
Secretary of State

05-16-2001 90024 049 \*\*\*\*61.25

0029176

Principal Place of Business

JRTW INC.  
239 AVENS RD NE  
PALM BAY FL 32907  
US

Mailing Address

P O BOX 100233  
PALM BAY FL 32910  
US

330401



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2705 Carlson Cir

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt 103

City & State  
Melbourne, FL

City & State

4. FEI Number

59-3193789

Applied For

Not Applicable

Zip

32901

Country

US

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, MARYLOU  
239 AVENS RD NE  
PALM BAY FL 32907

2705 Carlson Cir. Apt 103  
Melbourne, FL 32901

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2705 Carlson Cir

Apt. 103

City

Melbourne

FL

Zip Code

32901

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

TITLE	ED	<input type="checkbox"/> Delete
NAME	JAMES, SHEILA	
STREET ADDRESS	239 AVENS RD NE	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBINSON, JONATHAN	
STREET ADDRESS	975 SALLY STREET	
CITY-ST-ZIP	PALM BAY FL 32909	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROBINSON, MARYLOU	
STREET ADDRESS	975 SALLY STREET	
CITY-ST-ZIP	PALM BAY FL 32909	
TITLE	V	<input type="checkbox"/> Delete
NAME	DRAKES, JOY	
STREET ADDRESS	1291 SAXONY ROAD SE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	JOYCE, PAMELA	
STREET ADDRESS	902 HAAS AVE NE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBINSON, RICHARD	
STREET ADDRESS	2467 S WASHINGTON AVENUE APT. 307B	
CITY-ST-ZIP	TITUSVILLE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Ed	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James, Sheila	
STREET ADDRESS	239 AVENS RD NE	
CITY-ST-ZIP	Palm Bay, FL 32907	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robinson Jonathan	
STREET ADDRESS	2705 CARLSON CIR. APT 103	
CITY-ST-ZIP	MELBORNE FL 32901	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robinson, Marylou	
STREET ADDRESS	2705 CARLSON CIR. APT. 103	
CITY-ST-ZIP	Melbourne, FL 32901	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARRY B. BAXTER	
STREET ADDRESS	251 AVENS RD NE	
CITY-ST-ZIP	Palm Bay, FL 32907	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: MARYLOU ROBINSON MARYLOU ROBINSON 4-6-2001

CR2E037 (10/00)