

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2000 8:00 am
Secretary of State
 03-16-2000 90091 044 ****61.25

DOCUMENT # N94000002304
 1. Entity Name
THE JEWISH REPERTORY THEATRE OF BOCA RATON, INC.

Principal Place of Business 2492 NW 67TH STREET BOCA RATON FL 33496 US	Mailing Address 2492 NW 67TH STREET BOCA RATON FL 33496-2000
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country	4. FEI Number 65-0570325	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent
LAWSON, JACK S
2492 NW 67TH STREET
BOCA RATON FL 33496

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: FEE 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	D <input type="checkbox"/> Delete
NAME	WILLIAMS, RICHARD
STREET ADDRESS	31313 NORTH WESTERN, #112
CITY-ST-ZIP	FARMINGTON HILLS MI
TITLE	D <input type="checkbox"/> Delete
NAME	SAXONHOUSE, JACK
STREET ADDRESS	6424 NW 66TH DRIVE
CITY-ST-ZIP	BOCA RATON FL 33496
TITLE	D <input type="checkbox"/> Delete
NAME	CABOT, JOSEPH
STREET ADDRESS	3115 S. OCEAN BLVD.
CITY-ST-ZIP	HIGHLAND BEACH FL 33487
TITLE	D <input type="checkbox"/> Delete
NAME	SAXONHOUSE, JACK
STREET ADDRESS	6424 NW 66 DRIVE
CITY-ST-ZIP	BOCA RATON FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: *Richard Williams* **3-13-00** **1-800-966-6176**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)