

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000006079

1. Entity Name

P J CHILDREN'S THEATRE, INC.

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90027 045 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1834 SANFORD CIR  
SARASOTA FL 34234  
US

1834 SANFORD CIR  
SARASOTA FL 34234-4151  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1293976

Applied For

Not Applied

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

Name

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

City

**FL**

Zip Code

CORPORATION SERVICE COMPANY  
1201 HAYS ST.  
TALLAHASSEE FL 32301

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete  
**D**  
**WALDRON, MICHAEL J**  
**1834 SANFORD CIRCLE**  
**SARASOTA FL 43234**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete  
**D**  
**HENDRICKS, KATHLEEN M**  
**6446 HOLLYWOOD BLVD.**  
**SARASOTA FL 34231**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete  
**D**  
**CUNNINGHAM, JOSIE**  
**29 SANDY COVE**  
**SARASOTA FL 34242**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete  
**D**  
**TRAMMELL, JEAN**  
**418 GULF ST**  
**VENICE FL 34285**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Delete  
**D**  
**PEARLMAN, ARLENE J**  
**2755 HORSESHOE COURT**  
**SARASOTA FL 34235**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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:

*Michael J. Waldron*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-2000 941-359-6717

Date

Daytime Phone #