

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90126 024 ****61.25

DOCUMENT # N94000006079

1. Entity Name

P J CHILDREN'S THEATRE, INC.

Principal Place of Business

Mailing Address

~~1834 SANFORD CIR~~ 4377 Sandner Dr.
SARASOTA FL 34234 34243
US

~~1834 SANFORD CIR~~ 4377 Sandner Dr.
SARASOTA FL 34234 34243
US

2. Principal Place of Business

3. Mailing Address

4377 Sandner Dr.

4377 Sandner Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SARASOTA

SARASOTA

City & State

City & State

SARASOTA FL

SARASOTA FL

Zip

Country

Zip

Country

34243

US

34243

US

4. FEI Number

31-1293976

Applied For

Not Applicable

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 D ☐ Delete
NAME WALDRON, MICHAEL J
STREET ADDRESS 1834 SANFORD CIRCLE
CITY-ST-ZIP SARASOTA FL 43234

TITLE D ☒ Change ☐ Addition
NAME Michael J. Waldron
STREET ADDRESS 4377 Sandner Dr.
CITY-ST-ZIP SAR. FL. 34243

TITLE D ☐ Delete
NAME HENDRICKS, KATHLEEN M
STREET ADDRESS 6446 HOLLYWOOD BLVD.
CITY-ST-ZIP SARASOTA FL 34231

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

TITLE D ☐ Delete
NAME CUNNINGHAM, JOSIE
STREET ADDRESS 29 SANDY COVE
CITY-ST-ZIP SARASOTA FL 34242

TITLE ☒ Change ☐ Addition
NAME Punningham, Josie
STREET ADDRESS 1702 BAY ST. #203
CITY-ST-ZIP SAR. FL. 34236

TITLE D ☐ Delete
NAME TRAMMELL, JEAN
STREET ADDRESS 418 GULF ST
CITY-ST-ZIP VENICE FL 34285

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

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: *Michael J. Waldron*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/00

Date

941-359-6717

Daytime Phone #

CR2E037 (10/00)