

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 16, 2002 8:00 am**  
**Secretary of State**

07-16-2002 90354 017 \*\*\*\*61.25

**DOCUMENT # N94000006079**

1. Entity Name

**P J CHILDREN'S THEATRE, INC.**

Principal Place of Business

Mailing Address

4277 SANDNER DR.  
 SARASOTA FL 34243  
 US

4277 SANDNER DR.  
 SARASOTA FL 34243  
 US

2. Principal Place of Business

3. Mailing Address

**4377 SANDNER DR**

**4377 SANDNER DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**SARASOTA FL**

City & State

**SARASOTA FL**

Zip **34243**

Country **US**

Zip **34243**

Country **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

**CORPORATION SERVICE COMPANY**  
**1201 HAYS ST.**  
**TALLAHASSEE FL 32301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,**  
**min. will be \$236.25.**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WALDRON, MICHAEL J</b>	
STREET ADDRESS	<b>4377 SANDNER DR.</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34243</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HENDRICKS, KATHLEEN M</b>	
STREET ADDRESS	<b>6446 HOLLYWOOD BLVD.</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34231</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CUNNINGHAM, JOSIE</b>	
STREET ADDRESS	<b>1762 BAY ST. #203</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34236</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TRAMMELL, JEAN</b>	
STREET ADDRESS	<b>418 GULF ST</b>	
CITY-ST-ZIP	<b>VENICE FL 34285</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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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:** *Michael J. Waldron* **Michael J. Waldron** 7/11/02 94-359-6717

CR2E037 (4/02)