

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N970000**

DEPARTMENT OF STATE  
CORPORATION REPORT

**FILED**  
**Jul 26, 2000 8:00 am**  
**Secretary of State**

06-23-2000 90105 022 \*\*\*\*61.25

1. Entity Name  
**Palms West Children's Theatre, Inc.**

Principal Place of Business Mailing Address  
**16086 E. Stallion Dr.**  
**Loxahatchee, FL 33470**

2. Principal Place of Business 3. Mailing Address  
**16086 E. Stallion Dr.** **SAME**  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Loxahatchee, FL**  
Zip Country Zip Country  
**33470 USA**

4. FEI Number **65-0818873** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**Maria Wise Miller**  
**16086 E. Stallion Dr.**  
**Loxahatchee, FL 33470**

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

**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 NAME STREET ADDRESS CITY-ST-ZIP  
**President - Treasurer** ☐ Delete  
**Maria Wise Miller** **D**  
**16086 E. Stallion Dr.**  
**Loxahatchee, FL 33470**  
**Vice President** ☐ Delete  
**Wanda Gregg** **D**  
**1673 Trotter Ct.**  
**Wellington, FL 33414**  
**Secretary** ☐ Delete  
**William A. Miller** **D**  
**16086 E. Stallion Dr.**  
**Loxahatchee, FL 33470**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition  
☐ Change ☐ Addition  
☐ Change ☐ Addition  
☐ Change ☐ Addition  
☐ 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: **Maria de C. Wise Miller**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6-17-2000 5612271501**  
Date Daytime Phone #

CR2E037 (9/99)