

DOCUMENT # N99000003989

1. Entity Name

KIDS FOR KIDS "TALENT SHOWCASE", INC.

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90090 014 \*\*\*\*61.25

Principal Place of Business

7050 WINGED FOOT DR  
STUART FL 34997

Mailing Address

7050 WINGED FOOT DR  
STUART FL 34997-8623

2. Principal Place of Business

5685 Winged Foot Drive

Suite, Apt. #, etc.

3. Mailing Address

5685 Winged Foot Drive

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City &amp; State

Stuart, FL

City &amp; State

Stuart, FL

Zip

34997

Country

USA

Zip

34997

Country

USA

4. FEI Number

65-0935072

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MAGUIRE, KATHLYN  
7050 WINGED FOOT DR  
STUART FL 34997

7. Name and Address of New Registered Agent

Name

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

5685 Winged Foot Drive

City Stuart

FL

Zip Code 34997

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

Kathlyn S. Maguire President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-8-00

FILE NOW:  
FEE IS \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MAGUIRE, KATHLYN	
STREET ADDRESS	7050 WINGED FOOT DR	
CITY-ST-ZIP	STUART FL 34997	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROEGIERS, STEPHEN	
STREET ADDRESS	701 COLORADO AVE	
CITY-ST-ZIP	STUART FL 34994	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICHEBOURG, MARGARET	
STREET ADDRESS	ONE OSCEOLA ST	
CITY-ST-ZIP	STUART FL 34994	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Maguire, Kathlyn	
STREET ADDRESS	5685 Winged Foot Drive	
CITY-ST-ZIP	Stuart, FL 34997	
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	D Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maureen Hoyt	
STREET ADDRESS	5574 SE Harbor Terr.	
CITY-ST-ZIP	Stuart, FL 34997	
TITLE	D Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas Burke	
STREET ADDRESS	2875 South Ocean Blvd.	
CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Valerie Wright	
STREET ADDRESS	10 Miramar	
CITY-ST-ZIP	Stuart, FL 34996	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)