

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000036065

1. Entity Name

THE FOXWORTH TALENT THEATRE, INC.

FILED

May 12, 2000 8:00 am
Secretary of State

05-12-2000 90036 006 ***150.00

Principal Place of Business

Mailing Address

5305 SANTA ROSA WAY
JACKSONVILLE FL 32277

5305 SANTA ROSA WAY
JACKSONVILLE FL 32211-6837
US

2. Principal Place of Business

6132 MERRILL LN

3. Mailing Address

3020 ILA LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

Zip

32277

Country

USA

Zip

32277-3419

Country

USA

4. FEI Number

59-3310959

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOXWORTH, TRACY R
5305 SANTA ROSA WAY
JACKSONVILLE FL 32277

7. Name and Address of New Registered Agent

Name: FOXWORTH, TRACY R

Street Address (P.O. Box Number is Not Acceptable)
3020 ILA LN

City JACKSONVILLE

FL

Zip Code 32277

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FOXWORTH, TRACY R	
STREET ADDRESS	5305 SANTA ROSA WAY	
CITY-ST-ZIP	JACKSONVILLE FL	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOXWORTH, TRACY R	
STREET ADDRESS	3020 ILA LN	
CITY-ST-ZIP	JACKSONVILLE FL 32277-3419	
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		<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		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

FOXWORTH, TRACY R, President

Date

Daytime Phone #

5-1-00 904-745-9200

CR2E034 (9/99)