

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715989

1. Entity Name

CLAY BALLET THEATRE, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90270 013 ****61.25

Principal Place of Business

1732 HOWARD CT.
ORANGE PARK FL 32073-6145

Mailing Address

1732 HOWARD CT.
ORANGE PARK FL 32073-6145

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1281004**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

JACKSON, EMILY
1732 HOWARD CT.
ORANGE PARK FL 32073

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

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 PD
NAME HAYNES, ALORA
STREET ADDRESS 1821 S.W. 80TH BLVD.
CITY-ST-ZIP GAINESVILLE FL 32067

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

TITLE VPD
NAME EDMONDS, ELIAN
STREET ADDRESS 2606 LOOF RIDGE DRIVE
CITY-ST-ZIP ORANGE PARK FL 32065

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

TITLE TD
NAME JACKSON, EMILY
STREET ADDRESS 1732 HOWARD CT.
CITY-ST-ZIP ORANGE PARK FL 32073

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

TITLE SD
NAME KNICKERBOCKER, DEBBIE
STREET ADDRESS 1604 PINE MARK CT.
CITY-ST-ZIP ORANGE PARK FL 32073

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

TITLE AD
NAME JACKSON, MARTA
STREET ADDRESS 1732 HOWARD CT.
CITY-ST-ZIP ORANGE PARK FL 32073

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)