

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 10, 2002 8:00 am**
Secretary of State

02-10-2002 90056 020 ****61.25

DOCUMENT # 717064

1. Entity Name

NORTHWEST FLORIDA BALLET, INC.

Principal Place of Business

**POST OFFICE BOX 964
101 CHICAGO AVE.
FORT WALTON BEACH FL 32549**

Mailing Address

**POST OFFICE BOX 964
101 CHICAGO AVE.
FORT WALTON BEACH FL 32549**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1709205

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

**ALLEN, SHARON
3879 MESA RD
DESTIN FL 32541**

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 \$61.259. 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 **PE** ☐ Delete
NAME **BALANZATEGUI, PATRICIA**
STREET ADDRESS **325 NE SUDDUTH CIRCLE**
CITY-ST-ZIP **FORT WALTON BEACH FL 32548**TITLE **SHARON ALLEN** ☐ Change ☒ Addition
NAME **3879 MESA RD.**
STREET ADDRESS **DESTIN, FL 32541**
CITY-ST-ZIPTITLE **P** ☐ Delete
NAME **WATSON, ABE**
STREET ADDRESS **108 BENNING DRIVE, SUITE 7**
CITY-ST-ZIP **DESTIN FL 32541**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **BM** ☒ Delete
NAME **WATSON, LINDA**
STREET ADDRESS **108 BENNING DRIVE, SUITE 7**
CITY-ST-ZIP **DESTIN FL 32541**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **TD** ☐ Delete
NAME **THOMPSON, GLORIA**
STREET ADDRESS **257 EWING CT.**
CITY-ST-ZIP **FT. WALTON BEACH FL 32548**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **CLEMENTS, BERNADETTE**
STREET ADDRESS **310 SUDDUTH CRCL**
CITY-ST-ZIP **FT. WALTON BCH. FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **ALLEN, TODD**
STREET ADDRESS **3879 MESA ROAD**
CITY-ST-ZIP **DESTIN FL 32541**TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SIGNATURE **Sharon Allen** **Asst. DLR**1/10/02 850-664-7787
Date Daytime Phone #

CR2E037 (9/01)