

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
 05-21-2002 90855 009 ****61.25

DOCUMENT # 724719

1. Entity Name

THE TALLAHASSEE BALLET, INC.

Principal Place of Business

Mailing Address

**218 E. THIRD AVE.
 TALLAHASSEE FL 32303
 US**

**P. O. BOX 772
 TALLAHASSEE FL 32302
 US**

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

23-7273533

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

**STRAUB, JOYCE
 3513 CASTLEBAR CIRCLE
 TALLAHASSEE FL 32308**

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 ☐ Delete
 NAME PD
 STREET ADDRESS TALIAFERRO, E. LENWOOD
 CITY-ST-ZIP 5321 TOURAINE DR.
 TALLAHASSEE FL 32308

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

TITLE ☐ Delete
 NAME TD
 STREET ADDRESS SALTEO, AGATHA M
 CITY-ST-ZIP 1845 COPPER AXE TR
 TALLAHASSEE FL 32308

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

TITLE ☐ Delete
 NAME PD
 STREET ADDRESS CURVA, FELY
 CITY-ST-ZIP 1212 PIEDMONT ROAD
 TALLAHASSEE FL 32312

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

TITLE ☐ Delete
 NAME M
 STREET ADDRESS STRAUB, JOYCE
 CITY-ST-ZIP 3513 CASTLEBAR CIRCLE
 TALLAHASSEE FL

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

TITLE ☐ Delete
 NAME V
 STREET ADDRESS CAMPBELL, TINA
 CITY-ST-ZIP 1479 MILLSTREAM ROAD
 TALLAHASSEE FL 32312

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME V
 STREET ADDRESS Kay Dick
 CITY-ST-ZIP 2332 Clare Drive
 Tallahassee, FL 32308

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 REQUIRED

April 28, 2002

CR2E037 (9/01)