

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729438

1. Entity Name

SOUTHERN BALLET THEATRE, INC.

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

05-10-2000 90084 043 ****61.25

Principal Place of Business

Mailing Address

1111 N. ORANGE AVE.
 ORLANDO FL 32804-6407

1111 N. ORANGE AVE.
 ORLANDO FL 32804-6407

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

23-7427817

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

GARRICK, J J
 1111 N. ORANGE AVE., SUITE 4
 ORLANDO FL 32804

Name

Anna K. Miller

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

3744 White Heron Dr.

City

Orlando

FL

Zip Code
 32808

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

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

ANNA K. MILLER

(NOTE: Registered Agent signature required when reinstating)

4/27/2000

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 ☐ Delete
 NAME EARL, PATRICIA
 STREET ADDRESS 9754 CHESTNUT RIDGE DR.
 CITY-ST-ZIP WINDERMERE FL 34786

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

TITLE VPFD ☐ Delete
 NAME O'SHEA, ROSEMARY
 STREET ADDRESS 200 S. ORANGE AVE., SUITE
 CITY-ST-ZIP ORLANDO FL 32801

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

TITLE SD ☐ Delete
 NAME MUCHA, DIANA
 STREET ADDRESS 1315 DUSKIN AVE.
 CITY-ST-ZIP ORLANDO FL 32839-2601

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

TITLE TD ☒ Delete
 NAME SHUKER, R. SCOTT
 STREET ADDRESS 390 N. ORANGE AVE., SUITE 600
 CITY-ST-ZIP ORLANDO FL 32801

TITLE TD ☒ Change ☒ Addition
 NAME Martha Hartley
 STREET ADDRESS 255 S Orange Av.
 CITY-ST-ZIP Orlando, FL. 32801

TITLE VPD ☒ Delete
 NAME SUPOWITZ, LOUIS M
 STREET ADDRESS 151 OVERLOOK RD.
 CITY-ST-ZIP WINTER PARK FL 32789

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

TITLE VPD ☐ Delete
 NAME HOBBS, JULIA A
 STREET ADDRESS 400 E. COLONIAL DR. #1710
 CITY-ST-ZIP ORLANDO FL 32803

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:

Julia A. Hobbs
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00 407-426-1733 X22
 Date Daytime Phone #