

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

01-16-2003 90085 041 ****61.25

DOCUMENT # 729438

1. Entity Name

ORLANDO BALLET, INC.



Principal Place of Business

**1111 N. ORANGE AVE.
ORLANDO FL 32804-6407**

Mailing Address

**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



☒ CHECK HERE IF MAKING CHANGES

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

**MILLER, ANNA K
1111 N. ORANGE AVE
ORLANDO FL 32804-6407**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

1-8-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EARL, PATRICIA 9754 CHESTNUT RIDGE DR. WINDERMERE FL 34786	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DOWNS, KEVIN 1235 N. ORANGE AV ORLANDO FL 32804	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROOFNER, MARILYN 1720 COOK AVE ORLANDO FL 32806	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHAMPAGNE, ANDI 111 N. ORANGE AV. #1600 ORLANDO FL 32801	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARTLEY, MARTHA 255 S ORANGE AVE. ORLANDO FL 32801	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DOPPELT, AVA K 255 S. ORANGE AVE. ORLANDO FL 32801	☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Linda Landman-Gonzalez 5900 Eagle Creek Dr Orlando, FL 32809	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Marilyn Roofner 1720 Cook Ave. Orlando, FL 32806	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Jeffrey G. Plouffe 4512 Whitcomb Place Winter Park, Florida 32792	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Scott A. Silzer 1155 S. Semoran Blvd. Winter Park, FL 32792	☐ Change ☒ Addition

CR2E037 (10/02)

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 supplementary 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 liquidator 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #