

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -6 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000009216

1. Entity Name
THE ACADEMY OF PERFORMING ARTS, L.L.C.

Principal Place of Business Mailing Address
7457 Abama Ave. 4095 Scarlet Iris Pl.
Winter Park, Fl. Winter Park, Fl.
32792 32792

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State Winter Park, Fl.
Zip Country Zip Country
32792 US A

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3620844 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
Virginia Bibliowicz
4095 Scarlet Iris Pl.
Winter Park, Fl. 32792

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.

SIGNATURE Virginia Bibliowicz Virginia Bibliowicz owner 4-10-00
Signature, typed or printed name of registered agent (and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS
TITLE mgr. Virginia Bibliowicz
NAME 4095 Scarlet Iris Pl.
STREET ADDRESS Winter Park, Fl. 32792
CITY-ST-ZIP
TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES
TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE Change Addition
NAME 300003279323-1
STREET ADDRESS -06/07/00-01014-012
CITY-ST-ZIP *****50.00 *****50.00
TITLE Change Addition
NAME
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CITY-ST-ZIP
TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Virginia Bibliowicz Virginia Bibliowicz 4-10-00 (407) 678-7047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (11/99)