

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91883 015 \*\*\*\*61.25

0102617

**DOCUMENT # N02000007378**

1. Entity Name  
**WEST COAST CIVIC BALLET, INC.**



Principal Place of Business  
**1611 NORTGATE BOULEVARD  
SARASOTA FL 34237**

Mailing Address  
**1611 NORTGATE BOULEVARD  
SARASOTA FL 34237**

2. Principal Place of Business  
**1611 NORTGATE BOULEVARD**

3. Mailing Address  
**1611 NORTGATE BOULEVARD**



CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

City & State  
**SARASOTA FL.**

City & State  
**SARASOTA FL.**

4. FEI Number  Applied For  
Not Applicable

Zip  
**34234**

Country  
**USA**

Zip  
**34234**

Country  
**USA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**HOFFMAN, DANIEL A  
27 FLETCHER AVE  
SARASOTA FL 34237**

7. Name and Address of New Registered Agent  
Name **SAME**  
Street Address (P.O. Box Number is Not Acceptable) **new  
1718 Main St., Suite 503**  
City **Sarasota** FL Zip Code **34236**

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) 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	<b>P VINTON, DEBORAH 1611 NORTGATE BOULEVARD SARASOTA FL 34237</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S CLOUD, SARAH 1611 NORTGATE BOULEVARD SARASOTA FL 34237</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ADAMEC, DON 16 NORTGATE BOULEVARD SARASOTA FL 34237</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HALL, STEPHANIE 1611 NORTGATE BOULEVARD SARASOTA FL 34237</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HOFFMAN, WENDY 1611 NORTGATE BOULEVARD SARASOTA FL 34237</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PETERS, JOAN 1611 NORTGATE BOULEVARD SARASOTA FL 37237</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Deborah Vinton **REDEBORAH VINTON** 4/30/03 941-358-8349

CR2E037 (10/02)