FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State
04-21-1999 90181 028 ****61.25

DOCUMENT # N31605

1. Corporation Name

SARASOTA BALLET OF FLORIDA, INC.

Principal Place of Business	Mailing Address
5555 N. TAMIAMI TRAIL SARASOTA FL 34243 US	5555 N. TAMIAMI TRAIL SARASOTA FL 34243 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 04/10/1989
—Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0135900 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

KAINE, RAUL
5555 N. TAMIAMI TRAIL
SARASOTA FL 34243

10. Name and Address of New Registered Agent

81 Name ROBERT de WARREN
82 Street Address (P.O. Box Number is Not Acceptable) 5555 N. TAMIAMI TRAIL
83
84 City SARASOTA **FL** 85 Zip Code 34243

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE X _____ ROBERT de WARREN 4/15/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BERGER, DAVID W		1.2 NAME		
STREET ADDRESS	1310 HILLVIEW DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34239		1.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MODRAK, DENNIS		2.2 NAME		
STREET ADDRESS	6404 FOX HUNT LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34202		2.4 CITY-ST-ZIP		
TITLE	DVP	☒ DELETE	3.1 TITLE		☐ Change ☒ Addition
NAME	PALMER, SUSAN		3.2 NAME	WILLIAM JACOBS	
STREET ADDRESS	4423 BAY SHORE ROAD		3.3 STREET ADDRESS	1910 HARBOUR SIDE DR # 101	
CITY-ST-ZIP	SARASOTA FL 34234		3.4 CITY-ST-ZIP	LONGBOAT KEY, FL 34228	
TITLE	DV	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	YONKER, DEBBIE		4. 2 NAME		
STREET ADDRESS	1903 LINCOLN DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34236		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/15/99 359-0099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)