· 2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 09, 2000 8:00 am Secretary of State DOCUMENT # **N99000004376** 1. Entity Name 02-09-2000 90252 001 ****61.25 **BALLET SOUTH INCORPORATED** Principal Place of Business Mailing Address 160 JAFFA DR. 160 JAFFA DR. 0 (0 0 FERN PARK FL 32730-2904 FERN PARK FL 32730 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) SULTZBACH, RUSSELL 510 COACHLIGHT WAY WINTER PARK FL 32792 Zip Code FL 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 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be **FEE IS \$61.25** Trust Fund Contribution. Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME SULTZBACH, RUSSELL NAME STREET ADDRESS STREET ADDRESS 510 COACHLIGHT WAY CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32792 TITLE ☐ Delete TITLE Change ☐ Addition NAME WALSH, PATTI STREET ADDRESS STREET ADDRESS 2401 NORFOLK RD. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32803 ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME HILL, KATIE STREET ADDRESS STREET ADDRESS 1919 CORNETT PLACE CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34741 Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

of the corporation or the receiver or trustee empowered to changed, or on an attachment with an address, with all of

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