

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721334

1. Entity Name

FLORIDA BALLET THEATRE, INC.

Principal Place of Business

3021 W. WATERS AVENUE
TAMPA FL 33614

Mailing Address

3021 W. WATERS AVENUE
TAMPA FL 33614

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

RADER, RICHARD
11500 N. DALE MABRY
TAMPA FL 33614

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

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE D
NAME RADER, RICHARD
STREET ADDRESS 11500 N. DALE MABRY
CITY-ST-ZIP TAMPA, FL 00000

TITLE D
NAME REY, BETTY
STREET ADDRESS 817 S WESTHORE
CITY-ST-ZIP TAMPA, FL 00000

TITLE D
NAME REY, FRNAK
STREET ADDRESS 817 S WESTSHORE BLVD
CITY-ST-ZIP TAMPA, FL 00000

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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: *Richard Rader* *Richard Rader* 1/16/01 (813) 933-9821

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90153 039 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

23-7124323

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

CR2E037 (10/00)