

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723675

1. Entity Name

BALLET GUILD OF SANFORD-SEMINOLE, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90020 030 ****70.00

Principal Place of Business

Mailing Address

2560 ELM AVENUE
P.O. BOX 1381
SANFORD FL 32772

2560 ELM AVENUE
P.O. BOX 1381
SANFORD FL 32772-1381

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7198893

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAWCZUK, SALLY
129 GARRISON DR.
SANFORD FL 32771

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

Sally Sawczuk, President
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/13/2000

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	P	<input type="checkbox"/> Delete
NAME	SAWCZUK, SALLY A	
STREET ADDRESS	129 GARRISON DR.	
CITY-ST-ZIP	SANFORD FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	MANTUANO, BARBARA	
STREET ADDRESS	1402 TOLSON RD.	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DURBURY, MARY ANN	
STREET ADDRESS	2421 BASS BLVD.	
CITY-ST-ZIP	GENEVA FL 32732	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCLAMB, ROBIN	
STREET ADDRESS	4500 HALLELUJAH WAY	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	D	<input type="checkbox"/> Delete
NAME	SINGLETON, PAM	
STREET ADDRESS	204 DELESPINE DR.	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, DARA	
STREET ADDRESS	650 MCGLENROSS DR.	
CITY-ST-ZIP	OVIDO FL 32765	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anderson, Barbara	
STREET ADDRESS	1402 Tolson Rd.	
CITY-ST-ZIP	DeLand, FL 32720	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Schmitt, Melanie	
STREET ADDRESS	230 Oltson Dr	
CITY-ST-ZIP	DeBary, FL 32713	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anderson, Leonard	
STREET ADDRESS	793 Creekwater Tr. Apt #113	
CITY-ST-ZIP	Lake Mary, FL 32746	

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:

Sally Sawczuk, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/2000 (407) 523-1768

CR2E037 (9/99)