

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723675

1. Entity Name

BALLET GUILD OF SANFORD-SEMINOLE, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SAWCZUK, SALLY  
129 GARRISON DR.  
SANFORD FL 32771

4. FEI Number

23-7198893

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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 P  
NAME SAWCZUK, SALLY A  
STREET ADDRESS 129 GARRISON DR.  
CITY-ST-ZIP SANFORD FL ☐ Delete

TITLE T  
NAME ANDERSON, BARBARA  
STREET ADDRESS 1402 TOLSON RD.  
CITY-ST-ZIP DELAND FL 32720 ☐ Delete

TITLE S  
NAME SCHMITT, MELANIE  
STREET ADDRESS 230 DINKSON DR  
CITY-ST-ZIP DEBARY FL 32713 ☐ Delete

TITLE D  
NAME MCLAMB, ROBIN  
STREET ADDRESS 4500 HALLELUJAH WAY  
CITY-ST-ZIP SANFORD FL 32773 ☐ Delete

TITLE D  
NAME SINGLETON, PAM  
STREET ADDRESS 204 DELESPINE DR.  
CITY-ST-ZIP DEBARY FL 32713 ☒ Delete

TITLE D  
NAME ANDERSON, LEONARD  
STREET ADDRESS 793 CREEKWATER TR APT 113  
CITY-ST-ZIP LAKE MARY FL 32746 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE S ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T  
NAME Sue Gladman  
STREET ADDRESS 101 W Crystal Pr.  
CITY-ST-ZIP Sanford, Fl. 32773 ☐ Change ☒ Addition

TITLE ☐ Change ☐ Addition  
NAME  
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 is 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:

*Leonard Anderson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/01

407-323-2994

Date

Daytime Phone #

CR2E037 (10/00)

FILED  
May 25, 2001 8:00 am  
Secretary of State  
05-25-2001 90288 035 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE