

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723675

1. Entity Name

BALLET GUILD OF SANFORD-SEMINOLE, INC.

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90168 040 ****61.25

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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 Susan S. Gladman

Street Address (P.O. Box Number is Not Acceptable)

101 W. Crystal Dr.

City Sanford

FL

Zip Code 32773

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 Susan S. Gladman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-21-02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE NAME ☐ Change ☒ Addition
Treasurer Susan S. Gladman
STREET ADDRESS 101 W. Crystal Dr.
CITY-ST-ZIP Sanford, FL 32773

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

TITLE NAME ☐ Change ☐ Addition

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

TITLE NAME ☐ Change ☐ Addition

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

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☒ Delete
T SINGLETON, PAM
STREET ADDRESS 101 W CRYSTAL DRIVE
CITY-ST-ZIP SANFORD FL 32773

TITLE NAME ☐ Change ☐ Addition

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

TITLE NAME ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan S. Gladman

Date

Daytime Phone #

1-21-02

407-322-7427

CR2E037 (9/01)