

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91057 008 ****61.25

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

4. FEI Number **23-7198893**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GLADMAN, SUSAN S
101 W CRYSTAL DR
SANFORD FL 32773**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	SAWCZUK, SALLY A	
STREET ADDRESS	129 GARRISON DR.	
CITY-ST-ZIP	SANFORD FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ANDERSON, BARBARA	
STREET ADDRESS	1402 TOLSON RD.	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SCHMITT, MELANIE	
STREET ADDRESS	230 DINKSON DR	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCLAMB, ROBIN	
STREET ADDRESS	4500 HALLELUJAH WAY	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GLADMAN, SUSAN S	
STREET ADDRESS	101 W CRYSTAL DRIVE	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, LEONARD	
STREET ADDRESS	793 CREEKWATER TR APT 113	
CITY-ST-ZIP	LAKE MARY FL 32746	

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	Treasurer ! VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anderson, Barbara	
STREET ADDRESS	817 Catalina Drive	
CITY-ST-ZIP	Sanford, FL 32771	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gladman, Susan	
STREET ADDRESS	101 W. Crystal Drive	
CITY-ST-ZIP	Sanford, FL 32773	
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	Drew, Sheila	
STREET ADDRESS	2560 Elm Avenue	
CITY-ST-ZIP	Sanford, FL 32771	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Barbara Anderson **SIGNATURE REQUIRED**

4/17/03 407-804-6147

CR2E037 (10/02)