

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724719

1. Entity Name

THE TALLAHASSEE BALLET, INC.

Principal Place of Business

218 E. THIRD AVE.  
TALLAHASSEE FL 32303  
US

Mailing Address

P. O. BOX 772  
TALLAHASSEE FL 32302-0772  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7273533

Applied For

Not Applicable

Zip

Country

Zip

Country

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

STRAUB, JOYCE  
3513 CASTLEBAR CIRCLE  
TALLAHASSEE FL 32308

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME TALIAFERRO, E. LENWOOD  
STREET ADDRESS 5321 TOURNAINE DR.  
CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Delete

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

TITLE TD  
NAME SALTEO, AGATHA M  
STREET ADDRESS 1845 COPPER AXE TR  
CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Delete

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

TITLE SD  
NAME FLOYD, NANCY  
STREET ADDRESS 1201 BROOKWOOD DR  
CITY-ST-ZIP TALLAHASSEE FL ☒ Delete

TITLE 5 D  
NAME Judy Field  
STREET ADDRESS 4527 Maylor Rd.  
CITY-ST-ZIP Tallahassee, FL 32308 ☐ Change ☒ Addition

TITLE M  
NAME STRAUB, JOYCE  
STREET ADDRESS 3513 CASTLEBAR CIRCLE  
CITY-ST-ZIP TALLAHASSEE FL ☐ Delete

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

TITLE D  
NAME KESHEN, JAN  
STREET ADDRESS 5114 CHINABERRY LN  
CITY-ST-ZIP TALLAHASSEE FL ☒ Delete

TITLE D  
NAME Fely Curra  
STREET ADDRESS 1212 Piedmont Rd.  
CITY-ST-ZIP Tallahassee, FL 32312 ☐ Change ☒ Addition

TITLE P D  
NAME Jack Diestelhorst  
STREET ADDRESS 2701 Everett Lane  
CITY-ST-ZIP Tallahassee, FL 32312 ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
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:

*JOYCE STRAUB*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 29, 2000 (850) 224-6917

CR2E037 (9/99)