

2001 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
US

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

23-7273533

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

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~~ D ☐ Delete
NAME TALIAFERRO, E. LENWOOD
STREET ADDRESS 5321 TOURAIN DR.
CITY-ST-ZIP TALLAHASSEE FL 32308

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

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

TITLE ☐ Change ☒ Addition
NAME Tina Campbell
STREET ADDRESS 1479 Millstream Rd.
CITY-ST-ZIP Tallahassee, FL 32312

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

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 28, 2001

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)