

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

05-08-2002 90088 029 ****61.25

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

DOCUMENT # **729486** ✓
 1. Entity Name

THE FLORIDA GULF COAST BALLET, INC.

DO NOT WRITE IN THIS SPACE

96984

2. Principal Place of Business 31912 US Hwy 19 N Suite, Apt. #, etc.		3. Mailing Address P O Box 1307 Suite, Apt. #, etc.		4. FEI Number 59-1801622		Applied For Not Applicable
City & State Palm Harbor, FL		City & State Clearwater, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
Zip 34684	Country USA	Zip 33757	Country USA			

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Mary Devine**
 Street Address (P.O. Box Number is Not Acceptable)
31912 US Hwy 19 N
Palm Harbor, FL 34684
 City **Palm Harbor** **FL** Zip Code **34684**

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

FEE IS \$81.25
 Initial or Amended UBR

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 NAME STREET ADDRESS CITY - ST - ZIP	President Carolyn Lyons -D 31912 US Hwy 19 N Palm Harbor, FL 34684	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary -D Darlene Weingarten -D 31912 US Hwy 19 N Palm Harbor, FL 34684	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer -D Margarita Dicus -D 2317 Jones Dr Dunedin, FL 34698	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Margarita Dicus

4/15/2002

Date

727-785-7852

Daytime Phone #

CR2EC37B (12/01)