

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729769

1. Entity Name

BALLET FLORIDA, INC.

Principal Place of Business

500 FERN STREET
WEST PALM BEACH FL 33401

Mailing Address

500 FERN STREET
WEST PALM BEACH FL 33401-5726

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BUCHECK, JOSEPH J. JR.
2555 CANTERBURY DRIVE SOUTH
W PALM BCH. FL 33407

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.

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
CD	WRIGHT, COLIN	1000 AVE OF CHAMPIONS	PALM BEACH GARDENS FL	<input type="checkbox"/>
P	WILLINGER, JAN	45 EAST 89TH STREET	NEW YORK NY 10028	<input type="checkbox"/>
S	DITIZIO, RICHARD	15800 MEDOW WOOD DRIVE	WELLINGTON FL 33414	<input type="checkbox"/>
D	HALE, MARIE	5200 N DIXIE 1501	W. PALM BEACH FL	<input type="checkbox"/>
D	EVANS, MONIKA	237 PONCE DE LEON STREET	ROYAL PALM BEACH FL 33411	<input type="checkbox"/>
VP	TELESCO, SUSAN	150 VIA BELLARIA	PALM BEACH FL 33480	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

1124100 (561) 659-1212 x26

FILED

Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90098 012 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

23-7384346

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required