

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730416

1. Entity Name

GAINESVILLE BALLET THEATER, INC.

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90033 003 ****61.25

Principal Place of Business

1501 NORTHWEST 16TH AVENUE
GAINESVILLE FL 32605

Mailing Address

1501 NORTHWEST 16TH AVENUE
GAINESVILLE FL 32605-4036

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

59-1552048

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MESSLER (JONI)
1501 NW 16TH AVENUE
GAINESVILLE FLORIDA FL 32605

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 PD
NAME DECKER, BRIAN ☐ Delete
STREET ADDRESS 10115 SW 15TH PLACE
CITY-ST-ZIP GAINESVILLE FL

TITLE VPD
NAME BUESE, AMY ☐ Delete
STREET ADDRESS 1421 NW 43RD TERR
CITY-ST-ZIP GAINESVILLE FL

TITLE TD
NAME ROMANS, RICHARD ☒ Delete
STREET ADDRESS 7525 NW 38 PL
CITY-ST-ZIP GAINESVILLE FL

TITLE SD
NAME FLEMING, MARY ☒ Delete
STREET ADDRESS P.O. BOX 13673
CITY-ST-ZIP GAINESVILLE FL

TITLE D
NAME BENTON, JUDY ☐ Delete
STREET ADDRESS 5302 NW 24 PL
CITY-ST-ZIP GAINESVILLE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE TD ☒ Change ☐ Addition
NAME LUDLOW, JULIE
STREET ADDRESS 25051 SW 14 AVE
CITY-ST-ZIP NEWBERRY FL 32669

TITLE SD ☒ Change ☐ Addition
NAME SCALES, JANICE
STREET ADDRESS 2810 NW 23 BLVD
CITY-ST-ZIP GAINESVILLE FL

TITLE ☐ Change ☐ Addition
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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/00

352-472-655

Date

Daytime Phone #