

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90071 031 ****61.25

DOCUMENT # 730416

1. Entity Name

GAINESVILLE BALLET THEATER, INC.

Principal Place of Business

**1501 NORTHWEST 16TH AVENUE
 GAINESVILLE FL 32605**

Mailing Address

**1501 NORTHWEST 16TH AVENUE
 GAINESVILLE FL 32605**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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

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

TITLE TD ☐ Delete
 NAME LUDLOW, JULIE
 STREET ADDRESS 25051 SW 1ST AVE
 CITY-ST-ZIP NEWBERRY FL 32669

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

TITLE D ☐ Delete
 NAME BENTON, JUDY
 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 PD ☒ Change ☐ Addition
 NAME marilyn Bush
 STREET ADDRESS 15129 SW 79 Street
 CITY-ST-ZIP Archer FL 32618

TITLE VPD ☐ Change ☐ Addition
 NAME JOOY HOKE
 STREET ADDRESS 9310 SW 32 Place
 CITY-ST-ZIP Gainesville FL 33608

TITLE TD ☒ Change ☐ Addition
 NAME LUDLOW, JULIE
 STREET ADDRESS 10230 SW 38th Place
 CITY-ST-ZIP Gainesville FL 32607

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

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 all other like empowered.

SIGNATURE:

[Handwritten Signature]

JULIE LUDLOW

4/29/01

352-332-2584

CR2E037 (10/00)