

2002 UNIFORM BUSINESS REPORT (UBR)

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

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 BUSH, MARILYN
STREET ADDRESS 15129 SW 79 STREET
CITY-ST-ZIP ARCHER FL 32618 ☐ Delete

TITLE VPD
NAME HOKE, JODY
STREET ADDRESS 9310 SW 32 PLACE
CITY-ST-ZIP GAINESVILLE FL 33608 ☐ Delete

TITLE TD
NAME LUDLOW, JULIE
STREET ADDRESS 10230 SW 38TH PLACE
CITY-ST-ZIP GAINESVILLE FL 32607 ☐ Delete

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULIE LUDLOW 3/4/02 352-294-0103

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90007 013 *****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)