

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762421

1. Entity Name

MARION PERFORMING BALLET COMPANY

Principal Place of Business

1713 SW 17TH ST.
OCALA FL 34474

Mailing Address

1713 SW 17TH ST.
OCALA FL 34474

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 59-1923455

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, JEANNE BENSON
480 NW 80TH AVE.
OCALA FL 34482

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD**
NAME **WILLIAMS, BETTY**
STREET ADDRESS **3521 SW 42ND ST**
CITY-ST-ZIP **OCALA FL 34447**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D**
NAME **SMITH, JEANNE BENSON**
STREET ADDRESS **480 NW 80TH AVE**
CITY-ST-ZIP **OCALA, FL 00000 34482**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD**
NAME **WISE, KIM**
STREET ADDRESS **6832 SE 87TH STREET**
CITY-ST-ZIP **OCALA FL 34472**

TITLE **PD**
NAME **MCMAHON, JANE**
STREET ADDRESS **1601 NE JACKSONVILLE RD.**
CITY-ST-ZIP **CITRA, FL 32113**

TITLE **V**
NAME **MARCIA, SANDY**
STREET ADDRESS **5175 SE 20TH STREET**
CITY-ST-ZIP **OCALA FL 34471**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S**
NAME **BARHAM, JULIE**
STREET ADDRESS **5505 SW 107 ST**
CITY-ST-ZIP **OCALA FL 34476**

TITLE **S**
NAME **CLARA BAKER**
STREET ADDRESS **5807 NW 80TH AVE**
CITY-ST-ZIP **OCALA, FL 34482**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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:

Betty Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02 (352) 237-2356
Date Daytime Phone #

UBR/003

CR2E037 (9/01)