2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762421

1. Entity Name

MARION PERFORMING BALLET COMPANY



FILED Apr 08, 2003 8:00 am Secretary of State 04-08-2003 90100 010 ****61.25

					11.5					
Principal Place of Business 1713 SW 17TH ST. OCALA FL 34474		Mailing Address 1713 SW 17TH ST. OCALA FL 34474								
2. Principal F	Place of Business	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					CHECK HERE	IF MAKING	CHANGES	
City & Stat	te	City & State			4. FEI Number 59-1923455 Applied F			plied For		
Zip	Country	Zip	Zip Count			Not Applicable Secret Se				
	The state of the s	and the second	in the second of			Fee Required				
6. Name and Address of Current Registered Agent						7. Name and A	ddress of New I	Registered A	jent	
SMITH, JEANNE BENSON				Name						
480 NW 80TH AVE. OCALA FL 34482				Street Address (P.O. Box Number is Not Acceptable)						
OUALA FL 34402				City				FL	Zip Code	9
				-						
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE										
Ž.	Signature, typed or printed name of registered agent	and title if applicable. (NOTi	E: Registere	d Agent signat	ture required w	vhen reinstating)		DATE		
FILE NOW: FEE IS \$61.25 9. Election Campai Trust Fund Contr				_	_ ;	\$5.00 May Be Added to Fees		ake Check da Departr		
10. OFFICERS AND DIRECTORS 1					ΑI	DDITIONS/CHAN	IGES TO OFFICE	RS AND DIRE	CTORS IN	10
TITLE NAME STREET ADDRESS	TD WILLIAMS, BETTY 3521 SW 42ND ST	☐ Delete		E Et address					Change	Addition
TITLE	DOCALA FL 34447	☐ Delete	TITLE						Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	SMITH, JEANNE BENSON 480 NW 80TH AVE OCALA, FL 00000 34482	المراجعة الم		E Et address -st-zip	- 	nasa nas y o o o o o o	in septiment of the proof of the		æ .	
STREET ADDRESS	PD MCMANUS, JANE 1601 NE JACKSONVILLE RD.	Delete						١	Change	Addition
CITY-ST-ZIP TITLE NAME	CITRA FL 32113 V MARCIA, SANDY	I X Delete	TITLE		Tau			ı	Change	▼ Addition
STREET ADDRESS CITY-ST-ZIP	5175 SE 20TH STREET OCALA FL 34471		STRE	ET ADDRESS	19 Al Ocal	ly Smill idend Rd a, 71 344	1a			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAKER, CLARA 5807 NW 80TH AVE OCALA FL 34482	I Delete			5 Marle 10371	ENE WEST SEITA L SENFIELD S	ANE		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					. , , ,	1	Change	Addition
40 16						*(=== 440 07(0)(i)	.		41 1 41 !-	

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:

3/23/03

352-237-2356