

2001 UNIFORM BUSINESS REPORT (UBR)

0006252 AF

DOCUMENT # L99000009216

1. Entity Name

THE ACADEMY OF PERFORMING ARTS, L.L.C.

FILED

01 JAN 22 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

7457 ALOMA AVENUE
WINTER PARK FL 32792

Mailing Address

4095 SCARLET IRIS PLACE
WINTER PARK FL 32792

2. Principal Place of Business

824 Executive Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Oviedo, FL

City & State

Zip

32765

Country

US

Country

4. FEI Number

59-3620844

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BIBLIOWICZ, VIRGINIA
4095 SCARLET IRIS PLACE
WINTER PARK FL 32792

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 *Virginia Bibliowicz - owner*

Signature, typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-12-01

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

400003583244--9
-01/29/01--01012--002
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

TITLE NAME MGR
STREET ADDRESS BIBLIOWICZ, VIRGINIA
CITY-ST-ZIP 4095 SCARLET IRIS PLACE
WINTER PARK FL 32792 ☐ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Virginia Bibliowicz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-12-01

Date

907 628 7047

Daytime Phone #

CR2E083 (11/00)