

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

FILED
May 05, 2003 8:00 am
Secretary of State

04-14-2003 90211 049 ****61.25

DOCUMENT # N02000002024

1. Entity Name

PARRISH YOUTH BALLET, INC.



Principal Place of Business

**8219 US HWY 301 N
PARRISH FL 34219-8670**

Mailing Address

**8219 US HWY 301 N
PARRISH FL 34219-8670**

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

05-0525615

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

**PARTINGTON, DIANE
8219 US HWY 301 N
PARRISH FL 34219-8670**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	MR. TIMOTHY MILLER	<input type="checkbox"/> Delete
NAME	PRESIDENT	
STREET ADDRESS	115 18TH AVENUE	T
CITY-ST-ZIP	ST. PETERSBURG, FL 33704	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	ALLISON DIETZ	
STREET ADDRESS	1620 N. EDGEMOOR DRIVE	T
CITY-ST-ZIP	SARASOTA, FL 34239	
TITLE	TREASURER/SECRETARY	<input type="checkbox"/> Delete
NAME	KAREN LANESE	
STREET ADDRESS	12945 PRESTWICK DR.	T
CITY-ST-ZIP	RIVERVIEW, FL	
TITLE	MEMBER OF THE BOARD	<input type="checkbox"/> Delete
NAME	MORNI MILLER	
STREET ADDRESS	115 10TH AVE N.	T
CITY-ST-ZIP	ST. PETERSBURG, FL 33704	
TITLE	CO-ARTISTIC DIRECTOR	<input type="checkbox"/> Delete
NAME	REYNALDO DIZON	D
STREET ADDRESS	1910 DALE CROFT RD.	
CITY-ST-ZIP	SARASOTA, FL 34219	
TITLE	ARTISTIC DIRECTOR	<input type="checkbox"/> Delete
NAME	DIANE PARTINGTON	D
STREET ADDRESS	1910 DALE CROFT RD	
CITY-ST-ZIP	SARASOTA, FL 34234	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REYNALDO C. DIZON

4/8/03

941-776-5696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)