

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

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

05-05-2003 91883 015 *****61.25

0102817

DOCUMENT # NO2000007378

1. Entity Name

WEST COAST CIVIC BALLET, INC.



Principal Place of Business

**1611 NORTGATE BOULEVARD
SARASOTA FL 34237**

Mailing Address

**1611 NORTGATE BOULEVARD
SARASOTA FL 34237**

2. Principal Place of Business

1611 NORTGATE BOULEVARD

3. Mailing Address

1611 NORTGATE BOULEVARD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA FL.

City & State

SARASOTA FL.

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

34234

Country

USA-FLORIDA

Zip

34234

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HOFFMAN, DANIEL A
27 FLETCHER AVE
SARASOTA FL 34237**

7. Name and Address of New Registered Agent

Name **SAME**

Street Address (P.O. Box Number is Not Acceptable) **new
1718 Main St., Suite 503**

City **Sarasota**

FL

Zip Code

34236

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 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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **VINTON, DEBORAH**
STREET ADDRESS **1611 NORTGATE BOULEVARD**
CITY-ST-ZIP **SARASOTA FL 34237**

TITLE **S** ☐ Delete
NAME **CLOUD, SARAH**
STREET ADDRESS **1611 NORTGATE BOULEVARD**
CITY-ST-ZIP **SARASOTA FL 34237**

TITLE **D** ☐ Delete
NAME **ADAMEC, DON**
STREET ADDRESS **16 NORTGATE BOULEVARD**
CITY-ST-ZIP **SARASOTA FL 34237**

TITLE **D** ☐ Delete
NAME **HALL, STEPHANIE**
STREET ADDRESS **1611 NORTGATE BOULEVARD**
CITY-ST-ZIP **SARASOTA FL 34237**

TITLE **D** ☐ Delete
NAME **HOFFMAN, WENDY**
STREET ADDRESS **1611 NORTGATE BOULEVARD**
CITY-ST-ZIP **SARASOTA FL 34237**

TITLE **D** ☐ Delete
NAME **PETERS, JOAN**
STREET ADDRESS **1611 NORTGATE BOULEVARD**
CITY-ST-ZIP **SARASOTA FL 37237**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: **Deborah Vinton REDEBORAH VINTON**

4/30/03 941-358-8349

CR2E037 (10/02)