

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06161

1. Entity Name

FLORIDA BALLET ARTS FOUNDATION, INC.

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90147 009 ****61.25

Principal Place of Business	Mailing Address
501 NO BENEVA RD STE 700 SARASOTA FL 34232 US	501 NO BENEVA RD STE 700 SARASOTA FL 34232 US

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	Applied For
59-2464859	Not Applicable

5. Certificate of Status Desired	Fee Required
<input type="checkbox"/>	\$8.75 Additional

6. Name and Address of Current Registered Agent

SIEGWALD, JOLLEY
 4175 KEATS DR
 SARASOTA FL 34241

7. Name and Address of New Registered Agent

Name: ANN DONNELLY-DOWIE
 Street Address (P.O. Box Number is Not Acceptable):
2314 Tulip ST.
 City: SARASOTA FL Zip Code: 34239

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] ANNE D. DOWIE DATE: 9/31/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 After September 13, 2000 min. will be \$236.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	DONNELLY, ANN - DOWIE	
STREET ADDRESS	2314 TULIP ST.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CASH, RICHARD	
STREET ADDRESS	3310 GERHARDT	
CITY-ST-ZIP	SARASOTA FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SIEGWALD, JOLLEY	
STREET ADDRESS	4175 KEATS DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ANN DONNELLY-DOWIE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<u>← Same</u>	
CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEGGYMOCK	
STREET ADDRESS	3716 COUNTRYSIDE ROAD	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRISTEN GREGORY	
STREET ADDRESS	1759 HILLVIEW STREET	
CITY-ST-ZIP	SARASOTA, FL 34239	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIMBERLY HALL	
STREET ADDRESS	6720 S. TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA, FL 34231	
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] ANN E. DONNELLY-DOWIE DATE: 9/31/2000 DAYTIME PHONE #: (941) 365-0385
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/00)