

2002 UNIFORM BUSINESS REPORT (UBR)

8/25/2002-90196-0

FILED
Sep 04, 2002 8:00 am
Secretary of State

08-25-2002 90196 045 ****61.25

DOCUMENT # N06161

1. Entity Name

FLORIDA BALLET ARTS FOUNDATION, INC.

Principal Place of Business

501 NO BENEVA RD
 STE 700
 SARASOTA FL 34232
 US

Mailing Address

501 NO BENEVA RD
 STE 700
 SARASOTA FL 34232
 US

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

59-2464859

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DOWIE, ANN D
 2314 TULIP STREET
 SARASOTA FL 34239

7. Name and Address of New Registered Agent

NAME
 MARY JO PRESSMAN
 Street Address (P.O. Box Number is Not Acceptable)

PO BOX 17141
 17454 PALMER GLEN CIRCLE
 SARASOTA FL 34240

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

(Mary Jo Pressman)
 Signature, typed or printed name of registered agent and title if applicable.
 (NOTE: Registered Agent signature required when reappointing)

34240
 8/30/02
 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
 Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DONNELLY-DOWIE, ANN 2314 TULIP ST. SARASOTA FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MOCK, MARGARET 3716 COUNTRYSIDE ROAD SARASOTA FL 34233	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GREGORY, KRISTEN 1759 HILLVIEW ST SARASOTA FL 34239	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HALL, KIMBERLY 6720 S. TAMAMI TRAIL STE 13 SARASOTA FL 34231	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PRESSMAN, EVAN PO BOX 17141 SARASOTA FL 34240	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PRESSMAN, MARY JO PO BOX 17141 SARASOTA FL 34240	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JENNIFER ESSER 1941 Briar Creek Place SARASOTA FL 34235	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

(Mary Jo Pressman)
 Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037 (9/01)