


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

**FILED**  
**Apr 22, 2003 8:00 am**  
**Secretary of State**

04-22-2003 90048 012 \*\*\*\*61.25

**DOCUMENT # N06161**

1. Entity Name  
**FLORIDA BALLET ARTS FOUNDATION, INC.**



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

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**11000000**



CHECK HERE IF MAKING CHANGES

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**

**JO-PRESSMAN, MARY  
PO BOX 17141  
7454 PALMER GLEN CIRCLE  
SARASOTA FL 34240**

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

SIGNATURE \_\_\_\_\_ (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	DP	<input type="checkbox"/> Delete
NAME	<b>PRESSMAN, EVAN</b>	
STREET ADDRESS	<b>PO BOX 17141</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34240</b>	
TITLE	DV	<input type="checkbox"/> Delete
NAME	<b>MOCK, MARGARET</b>	
STREET ADDRESS	<b>3716 COUNTRYSIDE ROAD</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34233</b>	
TITLE	DT	<input type="checkbox"/> Delete
NAME	<b>PRESSMAN, MARY JO</b>	
STREET ADDRESS	<b>PO BOX 17141</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34276</b>	
TITLE	DS	<input type="checkbox"/> Delete
NAME	<b>ESSER, JENNIFER</b>	
STREET ADDRESS	<b>1941 BRIAR CREEK PLACE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34235</b>	
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		<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: *Mary Jo Pressman*      **4/11/03**      941-379-5572

CR2E037 (10/02)