

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2002 8:00 am
Secretary of State

06-13-2002 90383 041 ****70.00

DOCUMENT # N19134

1. Entity Name

THE BALLET SOCIETY FOR BALLET EDUCATION, INC.

Principal Place of Business

Mailing Address

559 MIRROR LAKE DR
 ST PETERSBURG FL 33701
 US

559 MIRROR LAKE DR.
 ST PETERSBURG FL 33701
 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

59-2863592

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KINKAID, JAMIE J
11397 HAMLIN BLVD.
LARGO FL 33774

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.

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **S**
 STREET ADDRESS **KINKAID, JAMIE**
 CITY-ST-ZIP **11397 HAMLIN BLVD**
LARGO FL 33774

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **CD**
 STREET ADDRESS **FRANCES, CATO**
 CITY-ST-ZIP **5700 GROVE ST S**
ST. PETERSBURG FL 33705

TITLE Change Addition
 NAME **VCD**
 STREET ADDRESS **FRANCES CATO**
 CITY-ST-ZIP **5700 GROVE ST. S.**
ST. PETERSBURG, FL 33705

TITLE Delete
 NAME **VCD**
 STREET ADDRESS **BERON, CAL BROWN**
 CITY-ST-ZIP **111 STOND AV NE**
SAINT PETERSBURG FL 33701

TITLE Change Addition
 NAME **CD**
 STREET ADDRESS **CAL BROWN**
 CITY-ST-ZIP **111 SECOND AVE. N.E.**
ST. PETERSBURG, FL 33701

TITLE Delete
 NAME **TD**
 STREET ADDRESS **SHARER, LARRY**
 CITY-ST-ZIP **5729 LA POERTA DEL SOL 376**
SAINT PETERSBURG FL 33715

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Signature: BROWN*

CR2E037 (9/01)