

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90156 043 ****61.25

DOCUMENT # N33777

1. Entity Name

FIRST COAST NUTCRACKER BALLET, INC.

Principal Place of Business

300 W WATER ST
 SUITE 200
 JACKSONVILLE FL 32202
 US

Mailing Address

117 WEST DUVAL STREET
 SUITE 400. CITY HALL
 JACKSONVILLE FL 32202-3700
 US

2. Principal Place of Business

3. Mailing Address

300 W. WATER ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

JACKSONVILLE, FLORIDA

Zip

Country

Zip

Country

32202

USA

4. FEI Number

59-2984218

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOOD, GARY
 300 W WATER ST
 STE 200
 JACKSONVILLE FL 32202

Name

DELEAH MARTIN

Street Address (P.O. Box Number is Not Acceptable)

300 W. WATER ST. SUITE 200

City

JACKSONVILLE

FL

Zip Code

32202

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 DELEAH MARTIN

Signature, typed or printed name of registered agent and title if applicable.

Deleah Martin

(NOTE: Registered Agent signature required when reinstating)

4/27/00

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 D
 STREET ADDRESS KELLY, JOHN MRS
 CITY-ST-ZIP 4725 LONG BOW RD
 JACKSONVILLE FL 32210

TITLE ☐ Change ☐ Addition
 NAME PRESIDENT JAX. SYMPHONY
 STREET ADDRESS JIM VAN VLECK
 CITY-ST-ZIP 300 W. WATER ST. SUITE 200
 JACKSONVILLE FL 32202

TITLE ☐ Delete
 NAME MUNZ, MICHAEL
 STREET ADDRESS 117 W DUVAL STREET, STE 400
 CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE ☐ Change ☒ Addition
 NAME TOM WELCH
 STREET ADDRESS 2831 TALLBYRAND AVE
 CITY-ST-ZIP JAX, FL. 32206

TITLE ☒ Delete
 NAME GOOD, GARY
 STREET ADDRESS 300 W WATER ST., STE 200
 CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE ☐ Change ☒ Addition
 NAME LINDA HOLMES
 STREET ADDRESS 2564 ADMIRALS WALK DR.S.
 CITY-ST-ZIP ORANGE PARK, FL. 32073

TITLE ☒ Delete
 NAME BOWRON, JOHN MRS
 STREET ADDRESS 12636 SHINNECOCK WAY
 CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE ☐ Change ☒ Addition
 NAME TRACY CADINELL
 STREET ADDRESS 421 W. CHURCH ST.
 CITY-ST-ZIP JACKSONVILLE, FL 32205

TITLE ☐ Delete
 NAME EVANS, RANDALL MRS
 STREET ADDRESS 3577 RICHMOND STREET
 CITY-ST-ZIP JACKSONVILLE FL 32205

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

TITLE ☐ Delete
 NAME FREELAND, MARY
 STREET ADDRESS 421 WEST CHURCH ST
 CITY-ST-ZIP JACKSONVILLE FL

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:

Thomas R. Delgado
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00 (904) 358-3716
 Date Daytime Phone #