

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33777

1. Entity Name

FIRST COAST NUTCRACKER BALLET, INC.

**FILED**  
**Apr 08, 2002 8:00 am**  
**Secretary of State**

04-08-2002 90227 003 \*\*\*\*61.25

0002490

Principal Place of Business		Mailing Address	
300 W WATER ST SUITE 200 JACKSONVILLE FL 32202 US		300 W WATER ST SUITE 200 JACKSONVILLE FL 32202 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

00060498



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MARTIN, DELEAH 300 W WATER ST STE 200 JACKSONVILLE FL 32202		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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	P VAN VLECK, JIM 300 W WATER ST STE 200 JACKSONVILLE FL 32202 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Alan Hopper PRES. JACKSONVILLE SYMPHONY ASSOC. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 300 W. Water St. Suite 200 Jacksonville, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUNZ, MICHAEL 117 W DUVAL STREET, STE 400 JACKSONVILLE FL 32202 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUSAN KELLEY MEMBER AT LARGE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4725 Long Bow Rd. JACKSONVILLE, FL. 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELCH, TOM 2831 TALLBYRAND AVE JACKSONVILLE FL 32206 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COMMUNITY AFFAIRS MANAGER JACKSONVILLE CHILDREN'S COMMISSION Lisa Buggs <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 421 W. CHURCH ST. JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARDINELL, TRACY 421 W CHURCH ST JACKSONVILLE FL 32205 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN NUTCRACKER BOARD LINDA HOLMES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2564 ADMIRALS WALK DR.S ORANGE PARK, FL. 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, RANDALL MRS 3577 RICHMOND STREET JACKSONVILLE FL 32205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREELAND, MARY 421 WEST CHURCH ST JACKSONVILLE FL <input type="checkbox"/> Delete	TITLE 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/02 904-358-3716

Date Daytime Phone #

CR2E037 (9/01)