

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000884

1. Entity Name

JACKSONVILLE BALLET THEATRE, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90069 043 ****61.25

Principal Place of Business

Mailing Address

JACKSONVILLE BALLET THEATER
10351 ATLANTIC CIRCLE
JACKSONVILLE FL 32246
US

PO BOX 47215
JACKSONVILLE FL 32247-7215
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3362783

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DULCE, ANAYA
5516 KEYSTONE DR SOUTH
JACKSONVILLE FL 32207

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 PD ☐ Delete
NAME SNODGRASS, DR. SUSAN
STREET ADDRESS 4591 GLEN KERNAN PKWY EAST
CITY-ST-ZIP JACKSONVILLE FL 32224

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

TITLE TD ☐ Delete
NAME VERGARA, MARIA
STREET ADDRESS 7701 BAY MEADOWS CIR W #1052
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE ☐ Change ☐ Addition
NAME TREASURER / DIRECTOR
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DULCE, ANAYA
STREET ADDRESS 5516 KEYSTONE DRIVE SOUTH
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE ☐ Change ☒ Addition
NAME TREASURER / DIRECTOR
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME PEREZ, MILLIE C
STREET ADDRESS 7937 LOS ROBLES CR.
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE VP. ☒ Change ☐ Addition
NAME PATRICIA ZOLLER
STREET ADDRESS (VICE-PRESIDENT)
CITY-ST-ZIP 10113 W HIPPOCROWL LANE
JACKSONVILLE, FL. 32256

TITLE D ☐ Delete
NAME FAVORITE, FRED
STREET ADDRESS 8018 HUNTERS GROVE RD
CITY-ST-ZIP JACKSONVILLE FL 32256

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

TITLE D ☐ Delete
NAME HART, ERIK
STREET ADDRESS 128 EAST FORSYTHE
CITY-ST-ZIP JACKSONVILLE FL 32202

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:

(DULCE ANAYA) REQUESTED Anaya

Feb 20, 2000 (904) 396 5893

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)