

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006519

1. Entity Name

RIVER CITY BALLET AND DANCE PRODUCTIONS, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90117 039 ****61.25

Principal Place of Business

Mailing Address

4970 TOPROYAL LANE
JACKSONVILLE FL 32277

4970 TOPROYAL LANE
JACKSONVILLE FL 32277-1043

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

59-3484553

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

CORIS, JEANINE H ESQ
LAW OFFICES OF WEIDNER & WINICKI
11265 ALUMNI WAY, SUITE 201
JACKSONVILLE FL 32246

Name

Donald W. Weidner, Esq.

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

DONALD W. WEIDNER, P.A.

11265 Alumni Way, Suite 201

City

Jacksonville

FL

Zip Code

32246

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

Donald W. Weidner

Donald W. Weidner

4/20/2000

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 D ☐ Delete
NAME MCCORD, CHARLES R
STREET ADDRESS 4970 TOPROYAL LANE
CITY-ST-ZIP JACKSONVILLE FL 32277

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

TITLE D ☐ Delete
NAME MCCORD, JAYNE
STREET ADDRESS 4970 TOPROYAL LANE
CITY-ST-ZIP JACKSONVILLE FL 32277

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

TITLE D ☐ Delete
NAME ALLISON, SUSAN
STREET ADDRESS 2211 WEST OCEANFOREST DRIVE
CITY-ST-ZIP ATLANTIC BEACH FL 32233

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

TITLE D ☐ Delete
NAME Guy, Debbie
STREET ADDRESS 2437 Sylvan Chase
CITY-ST-ZIP Orange Park FL 32073

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:

Charles R. McCord
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(912)
673-2001 x9137
2/02/00
Daytime Phone #

CR2E037 (9/99)