

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90583 021 \*\*\*\*70.00

**DOCUMENT # N97000006929**

1. Entity Name

**FIRST COAST BALLET, INC.**

Principal Place of Business

**610 FLORIDA BLVD  
 NEPTUNE BEACH FL 32266-3606**

Mailing Address

**610 FLORIDA BLVD  
 NEPTUNE BEACH FL 32266-3606**

2. Principal Place of Business

3. Mailing Address

**SIT McCOLLUM CR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**NEPTUNE BEACH FL**

Zip

Country

Zip

Country

**32266**

**FL**

4. FEI Number

**59-3485281**

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

**MENDE, RICHARD T  
 610 FLORIDA BLVD  
 NEPTUNE BEACH FL 32266-3606**

Name

**RICHARD T. MENDE**

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

**SIT McCOLLUM CIRCLE**

**NEPTUNE BEACH**

City

**NEPTUNE BEACH**

**FL**

Zip Code

**32266**

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



**RICHARD T MENDE, JR.**

**2/10/01**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MENDE, MINDI L</b> <b>1800 THE GREENS WY, APT 607</b> <b>JACKSONVILLE BEACH FL 32250-2421</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MENDE, RICHARD T</b> <b>1800 THE GREENS WY, APT 607</b> <b>JACKSONVILLE BEACH FL 32250-2421</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MOORMAN, JEFFREY</b> <b>12204 BLUE SAGE DR</b> <b>OKLAHOMA CITY OK 73120</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BARDEL, KATHA</b> <b>2008 MISTLETOE CT</b> <b>EDMOND OK 73034</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>MINDI L. MENDE</b> <b>SIT McCOLLUM CIRCLE</b> <b>NEPTUNE BEACH, FL 32266</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> <b>RICHARD T. MENDE</b> <b>SIT McCOLLUM CIRCLE</b> <b>NEPTUNE BEACH, FL 32266</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED RICHARD T MENDE**

**2/10/01 904-332-7344**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)