

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 23, 2000 8:00 am
Secretary of State

06-23-2000 90102 014 ****70.00

DOCUMENT # N97000007071

1. Entity Name

AFFIRMATION CENTRE FOR BALLET ARTS, INC.



Principal Place of Business

Mailing Address

8615 SEMINOLE BLVD
 SEMINOLE FL 33710
 US

1210 - 74TH STREET NORTH
 ST. PETERSBURG FL 33710-4528

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

59-3482862

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

DAVIS-SANDERS, ANDREA
1210 - 74TH STREET NORTH
ST. PETERSBURG FL 33710

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DVPT
DAVIS-SANDERS, ANDREA
1210 - 74TH STREET NORTH
ST. PETERSBURG FL 33710

☐ Delete

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

TITLE
 NAME
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 CITY-ST-ZIP
DP
SANDERS, DONALD R
1210 - 74TH STREET NORTH
ST. PETERSBURG FL 33710

☐ Delete

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 CITY-ST-ZIP
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TITLE
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DS
COLLINS, TRICIA S
1210 - 74TH STREET NORTH
ST. PETERSBURG FL 33710

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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
ANDREA DAVIS-SANDERS

Date

5/1/2000

Daytime Phone #

727 320-0018

C-2 (37 (9/97))