

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90098 050 ****61.25

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N98000006836

1. Entity Name

SOUTH SARASOTA COUNTY BALLET EDUCATION PROGRAM,

Principal Place of Business

Mailing Address

261 S TAMiami TRAIL
 VENICE FL 34285

1822 IRONWOOD CT.
 VENICE FL 34293-2020

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

65-0882994

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

JONES, MARJORIE
 1822 IRONWOOD COURT
 VENICE FL 34293

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:
FEES 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	PSD	<input type="checkbox"/> Delete
NAME	JONES, MARJORIE	
STREET ADDRESS	1822 IRONWOOD COURT	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JONES, ALFRED	
STREET ADDRESS	1822 IRONWOOD COURT	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WHEELER, CHARLES F	
STREET ADDRESS	P.O. BOX 1744 N/A	
CITY-ST-ZIP	VENICE FL 34284	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FREESE, ANGELA	
STREET ADDRESS	1811 OAKWOOD COURT	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FREESE, RICHARD	
STREET ADDRESS	1811 OAKWOOD COURT	
CITY-ST-ZIP	VENICE FL 34293	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Signature Required

3/1/00

911-457-7757

CR2E037 (9/99)