

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000054048

1. Entity Name

FLORIDA BALLET ARTS ACADEMY, INC.

FILED

Mar 23, 2001 8:00 am
Secretary of State

03-23-2001 90003 007 ***150.00

Principal Place of Business

501 NORTH BENEVA ROAD. #700
SARASOTA FL 34232

Mailing Address

501 NORTH BENEVA ROAD. #700
SARASOTA FL 34232

2. Principal Place of Business

501 NORTH BENEVA RD.

Suite, Apt. #, etc.

#700

City & State

SARASOTA, FL

Zip

34232

Country

USA

3. Mailing Address

~~501 NORTH BENEVA RD.~~

Suite, Apt. #, etc.

(Same)

City & State

~~SARASOTA, FL~~

Zip

~~34232~~

Country

~~USA~~



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1017347

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOCK, MARYELIZABETH T
501 NORTH BENEVA ROAD, #700
SARASOTA FL 34232

7. Name and Address of New Registered Agent

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

(NO CHANGES)

Mary Elizabeth T. Mock

1/8/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE PD
NAME MOCK, MARYELIZABETH T
STREET ADDRESS 501 NORTH BENEVA ROAD, #700
CITY-ST-ZIP SARASOTA FL 34232

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mary Elizabeth T. Mock

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/8/01

(941)

Daytime Phone #

955-3422

CR2E034 (10/00)