

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **990000086629**

1. Entity Name
WHALERS DANCE Productions, Inc.

Principal Place of Business Mailing Address

3183 Hawks Landing Drive **Same**
Tallahassee, FL 32308

2. Principal Place of Business 3. Mailing Address

3183 Hawks Landing Dr: **Same**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Tallahassee, FL **Same**
Zip Country Zip Country

32308

6. Name and Address of Current Registered Agent

Beverly Santini
1777 Broken Bow Trail
Tallahassee, FL 32312

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

FILED

00 APR 13 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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

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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	President/DIRECTOR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ken Jacques	NAME	
STREET ADDRESS	1231 Crystal Springs Drive	STREET ADDRESS	600003215116--3
CITY-ST-ZIP	SAN DIEGO, CA 91915	CITY-ST-ZIP	-04/19/00--01094--014
TITLE	Vice President/DIRECTOR <input type="checkbox"/> Delete	TITLE	****150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Beverly Santini	NAME	
STREET ADDRESS	1777 Broken Bow Trail	STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, FL 32312	CITY-ST-ZIP	
TITLE	George C. Budd, III VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3183 Hawks Landing Drive	NAME	
STREET ADDRESS	Tallahassee, FL 32308	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: **Beverly J. Santini, V.P.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/2000
Date

Daytime Phone #

CR2E034 (9/99)