



Appointment of Director

Company Name: **LEICESTER ARTS CENTRE LIMITED**

Company Number: **02276987**



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X94JBTWI

New Appointment Details

Date of Appointment: **29/04/2020**

Name: **DR. SARAH JONES**

The company confirms that the person named has consented to act as a director.

Service Address: **DE MONTFORT UNIVERSITY THE GATEWAY
LEICESTER
ENGLAND
LE1 9BH**

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/10/1980**

Nationality: **BRITISH**

Occupation: **DEPUTY DEAN**

Authorisation

Authenticated

This form was authorised by one of the following:

Director, Secretary, Person Authorised, Administrator, Administrative Receiver, Receiver, Receiver manager, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor