

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90017 025 ****61.25

DOCUMENT # 732211

1. Entity Name

FLORIDA DANCE MASTERS, INC.

Principal Place of Business

**2601 ANTILLES DRIVE
 WINTER PARK FL 32792**

Mailing Address

**2601 ANTILLES DRIVE
 WINTER PARK FL 32792**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1766747

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SNEDEKER, LORETTA
 2601 ANTILLES DRIVE
 WINTER PARK FL 32793**

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	D	<input checked="" type="checkbox"/> Delete
NAME	SEGRETO, MEG	
STREET ADDRESS	801 S UNIVERSITY DR, #C135 A	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LUNGER, SUSY	
STREET ADDRESS	69 OVERLAKE DR	
CITY-ST-ZIP	LAKE ORION MI 48362	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SNEDEKER, LORETTA	
STREET ADDRESS	2601 ANTILLES DRIVE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	VALENTINE, TAMI	
STREET ADDRESS	4397 CARYOTA DRIVE	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATHY FOLLENSBEE	
STREET ADDRESS	1132 BYERLY WAY	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VALERIE WELD	
STREET ADDRESS	3560 ELM AVE.	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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: *Loretta Snedecker* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **LORETTA SNEDEKER** **4/10/01** **(407) 678-4407**
 Signature Date Daytime Phone #

CR2E037 (10/00)