

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90125 001 \*\*\*\*61.25

**DOCUMENT # N02000000185**



1. Entity Name  
**FLORIDA DANCE MEDICINE AND PERFORMING ARTS STUDY  
GROUP, INC.**

Principal Place of Business Mailing Address  
**1720 SOUTH COOK AVENUE 1720 SOUTH COOK AVENUE  
ORLANDO FL 32806 ORLANDO FL 32806**

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 **103-0388855** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional  
Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PALUMBO, ROBERT C MD  
400 CELEBRATION PLACE SUITE A230  
CELEBRATION FL 34747**

Name **MARILYN ROOFNER**  
Street Address (P.O. Box Number is Not Acceptable)  
**1720 S. COOK ST**  
City **ORLANDO** FL Zip Code **32806**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Marilyn A. Roofner, P.T. Marilyn A. Roofner 1/8/03*  
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  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PALUMBO, ROBERT C MD</b>	
STREET ADDRESS	<b>400 CELEBRATION PLACE SUITE A230</b>	
CITY-ST-ZIP	<b>CELEBRATION FL 34747</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ROOFNER, MARILYN</b>	
STREET ADDRESS	<b>1720 SOUTH COOK AVENUE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32806</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DEARMAN, LEAH</b>	
STREET ADDRESS	<b>1720 SOUTH COOK AVENUE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32806</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FAGAN, KELLY</b>	
STREET ADDRESS	<b>1301 SLIGH BLVD</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32806</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>PRES CHAIRMAN</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAN TUFFY</b>	
STREET ADDRESS	<b>1720 S. COOK STREET</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 32806</b>	
TITLE	<b>VICE CHAIRMAN</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAT BRAY</b>	
STREET ADDRESS	<b>1720 SOUTH COOK ST.</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 32806</b>	
TITLE	<b>TREASURER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KELLY FAGAN</b>	
STREET ADDRESS	<b>1720 SOUTH COOK ST</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32806</b>	
TITLE	<b>SECRETARY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEAH DEARMAN</b>	
STREET ADDRESS	<b>1720 SOUTH COOK ST.</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 32806</b>	
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: *DAN TUFFY* **DAN TUFFY** 1-10-03 407-647-6649  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20037 (10/02)