

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005245

1. Entity Name
INSTITUTE OF DANCE ARTS INCORPORATED

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90100 033 ****61.25

Principal Place of Business Mailing Address
900-C ANASTASIA BLVD. **900-C ANASTASIA BLVD**
ST. AUGUSTINE FL 32084 **ST. AUGUSTINE FL 32084-4620**
US **US**



DO NOT WRITE IN THIS SPACE

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 **59-3210719** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
COURTER, JEAN M
32 CORDOVA ST.
ST AUGUSTINE FL 32084

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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	
TITLE	D <input type="checkbox"/> Delete
NAME	COURTER, JEAN M
STREET ADDRESS	32 CORDOVA ST
CITY-ST-ZIP	ST AUGUSTINE FL
TITLE	PD <input type="checkbox"/> Delete
NAME	KEMPLER, KAREN
STREET ADDRESS	30 LEE DR
CITY-ST-ZIP	ST. AUGUSTINE FL 32084
TITLE	TD <input type="checkbox"/> Delete
NAME	BATTELLE, BARABRA
STREET ADDRESS	18 WALBET ST
CITY-ST-ZIP	PALM COAST FL 32137
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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	
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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: JEAN M COURTER **REGISTRAR** **COURTER** 2/11/2000 904 804 9508
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E037 (9/99)