

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

01-30-2002 90154 012 ****61.25

DOCUMENT # N93000005245

1. Entity Name

INSTITUTE OF DANCE ARTS INCORPORATED

Principal Place of Business 800-C ANASTASIA BLVD. ST. AUGUSTINE FL 32084 US	Mailing Address 800-C ANASTASIA BLVD ST. AUGUSTINE FL 32084 US
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

- 17573



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3210719	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 32080 Country	Zip 32080 Country

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: <u>Karen Kempler</u> Street Address (P.O. Box Number is Not Acceptable) <u>30 Lee Drive</u> City <u>St. Augustine</u> FL Zip Code <u>32080</u>
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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: Karen Kempler Karen Kempler 1/15/02
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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>COURTER, JEAN M</u> <u>32 CORDOVA ST</u> <u>ST AUGUSTINE FL</u> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PD</u> <u>KEMPLER, KAREN</u> <u>30 LEE DR.</u> <u>ST. AUGUSTINE FL 32080</u> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>zip 32080</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>TD</u> <u>BATTELLE, BARABRA</u> <u>18 WALBET ST</u> <u>PALM COAST FL 32137</u> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VPD</u> <u>Dobias Gloria</u> <u>138 Ocean Hollow Lane</u> <u>St. Augustine 32080</u> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>VPD</u> <u>Dobias Gloria</u> <u>138 Ocean Hollow Lane</u> <u>St. Augustine, FL 32080</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Karen Kempler Karen Kempler 1/15/02 829-1617
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)