

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90044 021 \*\*\*\*61.25

**DOCUMENT # N95000004138**

1. Entity Name

**CONTEMPORARY DANCE COMPANY OF BOCA RATON, INC.**

Principal Place of Business

Mailing Address

**2424 N. FEDERAL HWY., STE. 314  
 BOCA RATON FL 33431**

**2424 N. FEDERAL HWY., STE. 314  
 BOCA RATON FL 33431**

2. Principal Place of Business

3. Mailing Address

**22678 VISTAWOOD Way**  
 Suite, Apt. #, etc.

**22678 VISTAWOOD Way**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

**31-1467591**

Applied For

Not Applicable

**BOCA RATON, FL**

**BOCA RATON, FL**

Zip

Country

Zip

Country

**33428 PALM BEACH 33428 PALM BEACH**

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

**GOODNOUGH, SANDRA  
 8296 BOCA GLADES E  
 BOCA RATON FL 33434**

Name **SANDRA GOODNOUGH DAVIS**

Street Address (P.O. Box Number is Not Acceptable)

**22678 VISTAWOOD WAY**

City

**BOCA RATON,**

**FL**

Zip Code

**33428**

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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
D	GOODNOUGH, SANDRA	2424 N. FEDERAL HWY., STE. 314	BOCA RATON FL 33431	<input type="checkbox"/>
D	BRAVATA, JULIE	2424 N. FEDERAL HWY., STE. 314	BOCA RATON FL 33431	<input type="checkbox"/>
D	LILLIS, TIM	2424 N. FEDERAL HWY., STE. 314	BOCA RATON FL 33431	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Sandra Goodnough Davis*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4-29-01**

Daytime Phone #

**(561) 218-3008**

CR2E037 (10/00)