FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Aug 24, 2001 8:00 am Secretary of State DOCUMENT # N9900004567 1. Entity Name THE HITCHITI DANCE SOCIETY, INC. 08-24-2001 90044 039 ****61.25 Principal Place of Business Mailing Address 319 8TH STREET 319 8TH STREET WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 65-1001692 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent exanger LANDERS, KELLY V P.A. 319 8TH STREET WEST PALM BEACH FL 33401 į. 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. FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE PD ☐ Delete TITLE ☐ Addition NAME GARWOOD, BRUCE NAME STREET ADDRESS .2876,OAK DRIVE_ STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL TITLE Delete TITLE ☐ Addition NAME REYNOLDS, SUNNY NAME STREET ADDRESS 4910 TOGA WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP-**GREENACRES FL 33461** TITLE Delete TIT: F ☐ Addition BROWN, DEBRA NAME STREET ADDRESS STREET ADDRESS 16150 RANDOLPH SIDING RD. CITY-ST-ZIP CITY-ST-ZIP <u>Jupiter Fl. 33478</u> TITLE ☐ Delete TITLE Change ☐ Addition NAME ALEXANDER, GLENN NAME STREET ADDRESS STREET ADDRESS 15415 92 WAY N. CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33478 TITLE Delete TITLE ☐ Change ☐ Addition NAME BROWN, RICHIE NAME STREET ADDRESS STREET ADDRESS 16150 RANDOLPH SIDING RD. CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33478 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 reserve or trustage empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

of the corporation or the received or trustee mode and accurate and mainty signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the received or trustee movement 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:

rood REBRUCEE Bay wood

08/01/01 561-659-049