

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000056210

1. Entity Name

BARBARA THOMPSON SCHOOL OF DANCE, INC.

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90016 050 ***150.00

Principal Place of Business		Mailing Address	
5667 BEACH BLVD JACKSONVILLE FL 32207		5667 BEACH BLVD JACKSONVILLE FL 32207-5170	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number		59-3261208		Applied For	
				Not Applicable	
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	
THOMPSON, BARBARA P 5227 SANTA ROSA WAY JACKSONVILLE FL 32211		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL

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 _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	THOMPSON, BARBARA P	NAME	
STREET ADDRESS	5227 SANTA ROSA WAY	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32211	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	THOMPSON, JOHN B	NAME	
STREET ADDRESS	5227 SANTA ROSA WAY	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32211	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara P Thompson 3/13/00 1-904-396-3227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)