## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE:

## DOCUMENT # **N96000004668** May 12, 2000 8:00 am Secretary of State 1. Entity Name BRADENTON TWIRLING ACADEMY, INC. 05-12-2000 90083 027 \*\*\*\*61.25 Principal Place of Business Mailing Address 5910 34TH AVENUE WEST 5910 34TH AVENUE WEST **BRADENTON FL 34209-6917 BRADENTON FL 34209** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 5719 our+ East 31st Court East 5719 City & State Applied For 4. FEI Number City & State 3<u>radentor</u> 65-0690943 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 34203 <u>บร</u>A 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent wolfe Karen D Street Address (P.O. Box Number is Not Acceptable) 5719 315+ Court East PETERSON, CHRIS 5910 34TH AVENUE WEST 34203 **BRADENTON FL 34209** 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) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. П Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. ☐ Change Addition Delete TITLE TITLE Karen D. Wolfe NAME NAME PETERSON, CHRIS 5719 315+ C+ E STREET ADDRESS STREET ADORESS 5910 34TH AVENUE WEST Bradenton, FL 34203 CITY-ST-ZIP CITY-ST-7IP **BRADENTON FL 34209** Addition □ Change **VPD Delete** TITLE TITLE Jeffrey M. Wolfe 5719 31st Ct. E NAME O'BRIEN, DANIELLE NAME STREET ADDRESS STREET ADDRESS 5521 19TH ST W. Brodenton, FL 34203 CITY-ST-ZIP CITY-ST-7IP **BRADENTON FL 34207** ☐ Change Addition TITLE **Delete** TITLE STD Martha B. Digman 804 36th Avenue East NAME Lapensee, Karen NAME STREET ADDRESS STREET ADDRESS P O BOX 614 CITY-ST-ZIP Bradenton, FL CITY-ST-ZIP **BRADENTON FL 34216** ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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