

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 13, 2001 8:00 am**  
**Secretary of State**

04-13-2001 90067 038 \*\*\*\*61.25

**DOCUMENT # 730770**

1. Entity Name  
**DIXIE SQUARE DANCE CLUB, INC.**

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Principal Place of Business      Mailing Address

**DAYTONA BCH. FL**      **BOX 145**  
**DAYTONA BEACH FL 32115-7145**      **DAYTONA BEACH FL 32115-7145**  
**US**      **US**

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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

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City & State      City & State

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Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2944910**      Applied For  
 Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**AVERY, TOM**  
**142 REEF RD**  
**SOUTH DAYTONA FL 32119**

7. Name and Address of New Registered Agent

Name

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

City      **FL**      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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD</b><br><b>ZAREK, FERNAND J</b><br><b>35 OCEAN CREST DR</b><br><b>ORMOND BEACH FL</b> <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>T</b><br><b>MARYANN KUCHAR</b><br><b>1601 BIG TREE #102 Daytona Rch FL32119</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP</b><br><b>PECK, JAY</b><br><b>875 LINDENWOOD CIR</b><br><b>ORMOND BEACH FL 32174</b> <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>C</b><br><b>Bill &amp; Allison Shaw</b><br><b>110 Three Bears Trail</b><br><b>Ormand BCH, FL 32174</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>X p</b><br><b>AVERY, TOM</b><br><b>142 REEF RD</b><br><b>SOUTH DAYTONA FL 32219</b> <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD</b><br><b>WEBER, BILL</b><br><b>108 GADWELL COURT</b><br><b>DAYTONA BEACH FL 32119</b> <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>SPILMAN, KENLY</b><br><b>1068 WEXFORD WAY</b> <input type="checkbox"/> Delete<br><b>829 Palm Grove Ct</b><br><b>DAYTONA BEACH FL 32119</b> <input checked="" type="checkbox"/> Change<br><b>South Daytona FL 32119</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>HASTINGS, MARY LYNN</b><br><b>112 MARSH WREN CT</b><br><b>DAYTONA BEACH FL 32119</b> <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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: *Tom Avery*      SIGNATURE REQUIRED: \_\_\_\_\_      DATE: **4-10-01**      DAYTIME PHONE # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (10/00)