

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90162 013 \*\*\*\*61.25

**DOCUMENT # 730770**

1. Entity Name

**DIXIE SQUARE DANCE CLUB, INC.**

Principal Place of Business

Mailing Address

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

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

00077400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2944910**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

Name

**Alice Spilman**

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

**829 Palm Grove Ct**

City

**S. Daytona**

**FL**

Zip Code

**32119**

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

**Alice Spilman**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-13-02**

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

T  
 NAME **KUCHAR, MARYANN**  Delete  
 STREET ADDRESS **1601 BIG TREE # 102**  
 CITY-ST-ZIP **DAYTONA BEACH FL 32119**

VP  
 NAME **PECK, JAY**  Delete  
 STREET ADDRESS **875 LINDENWOOD CIR**  
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

V  
 NAME **AVERY, TOM**  Delete  
 STREET ADDRESS **142 REEF RD**  
 CITY-ST-ZIP **SOUTH DAYTONA FL 32219**

SD  
 NAME **WEBER, BILLY**  Delete  
 STREET ADDRESS **108 GADWELL COURT**  
 CITY-ST-ZIP **DAYTONA BEACH FL 32119**

D  
 NAME **SPILMAN, KENLY**  Delete  
 STREET ADDRESS **825 PALM GROVE CT**  
 CITY-ST-ZIP **SOUTH DAYTONA BEACH FL 32119**

D  
 NAME **HASTINGS, MARY LYNN**  Delete  
 STREET ADDRESS **112 MARSH WREN CT**  
 CITY-ST-ZIP **DAYTONA BEACH FL 32119**

T  
 NAME **Kenly Spilman**  Change  Addition  
 STREET ADDRESS **829 Palm Grove Ct**  
 CITY-ST-ZIP **S Daytona FL 32114**

VP  
 NAME **Joe Hodges**  Change  Addition  
 STREET ADDRESS **450 Basin St**  
 CITY-ST-ZIP **Daytona Beach 32114**

V  
 NAME **Ralph Moeller**  Change  Addition  
 STREET ADDRESS **215 Bellevue Ave**  
 CITY-ST-ZIP **Daytona Beach 32114**

D  
 NAME **George Wehrauch**  Change  Addition  
 STREET ADDRESS **3112 Waterways Pl**  
 CITY-ST-ZIP **Daytona Beach 32128**

D  
 NAME **Alice Spilman**  Change  Addition  
 STREET ADDRESS **829 Palm Grove Ct**  
 CITY-ST-ZIP **S Daytona 32119**

Change  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:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**Alice Spilman**

**4-13-02**

Date

Daytime Phone #

**(386) 7616976**

CR2E037 (9/01)