

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90081 012 \*\*\*\*61.25



**DOCUMENT # 730770**

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

Principal Place of Business      Mailing Address  
**DAYTONA BCH. FL**      **BOX 145**  
**DAYTONA BEACH FL 32115-7145**      **DAYTONA BEACH FL 32115-7145**  
**US**      **US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number <del>50-2944910</del> <b>50-0002958</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>SPILMAN, ALICE</b> <b>829 PALM GROVE CT</b> <b>SOUTH DAYTONA FL 32119</b>				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City		<b>FL</b>		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. I am familiar with, and accept the obligations of registered agent.

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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<b>T</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPILMAN, KENLY</b>		NAME		
STREET ADDRESS	<b>829 PALM GROVE CT</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32119</b>		CITY-ST-ZIP		
TITLE	<b>VP</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HODGES, JOE</b>		NAME		
STREET ADDRESS	<b>450 BASIN ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32114</b>		CITY-ST-ZIP		
TITLE	<b>V</b>	<input type="checkbox"/> Delete	TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOELLER, RALPH</b>		NAME	<b>moeller, Ralph</b>	
STREET ADDRESS	<b>215 BELLEVUE AVE</b>		STREET ADDRESS	<b>215 BELLEVUE AVE</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32114</b>		CITY-ST-ZIP	<b>DAYTONA BEACH FL, 32114</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEIHRAUCH, GEORGE</b>		NAME	<b>George Wehrauch</b>	
STREET ADDRESS	<b>3112 WATERWAYS PL</b>		STREET ADDRESS	<b>3112 WATERWAYS PL</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32128</b>		CITY-ST-ZIP	<b>DAYTONA BEACH, FL, 32128</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPILMAN, ALICE</b>		NAME		
STREET ADDRESS	<b>829 PALM GROVE CT</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SOUTH DAYTONA FL 32119</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HASTINGS, MARY LYNN</b>		NAME		
STREET ADDRESS	<b>112 MARSH WREN CT</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32119</b>		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 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: *Alice Spilman* **SIGNATURE REQUIRED** *Alice Spilman* (386) 761-6976  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E037 (10/02)