

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731484

1. Entity Name

FLORIDA DANCE ASSOCIATION, INC.

Principal Place of Business

505 17TH STREET
MIAMI BEACH FL 33139
US

Mailing Address

505 17TH STREET
MIAMI BEACH FL 33139-1830
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90070 025 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1760273

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THIELEN, TOM
1605 BAY ROAD #202
MIAMI BCH FL 33139

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

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE	ED	<input type="checkbox"/> Delete
NAME	THIELEN, TOM	
STREET ADDRESS	1605 BAY ROAD #202	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KJELGAARD, ROBERTA	
STREET ADDRESS	10073 BAY HARBOR TERRACE	
CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DUBIN, TOYA	
STREET ADDRESS	374 NE 95TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PENNEY, PHYLLIS	
STREET ADDRESS	16395 WATERVILLE ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32226	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, DANIEL	
STREET ADDRESS	8901 SW 79TH CT	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patty Phillips	
STREET ADDRESS	Florida State University	
CITY-ST-ZIP	Tallahassee, FL 32306	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joan Frosch	
STREET ADDRESS	University of Florida	
CITY-ST-ZIP	PO Box 115900	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gainesville, FL 32611	
STREET ADDRESS		
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:

Tom Thielen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/00 305-674-3350
Date Daytime Phone #

CR2E037 (9/99)