

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

0002473

DOCUMENT # 731484

1. Entity Name

FLORIDA DANCE ASSOCIATION, INC.

02-06-2001 90294 033 ****61.25

Principal Place of Business

Mailing Address

**505 17TH STREET
 MIAMI BEACH FL 33139
 US**

**505 17TH STREET
 MIAMI BEACH FL 33139
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **ED** ☐ Delete
 NAME **THIELEN, TOM**
 STREET ADDRESS **1605 BAY ROAD #202**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☐ Delete
 NAME **KJELGAARD, ROBERTA**
 STREET ADDRESS **10073 BAY HARBOR TERRACE**
 CITY-ST-ZIP **BAY HARBOR ISLAND FL 33154**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☒ Delete
 NAME **PHILLIPS, PATTY**
 STREET ADDRESS **FLORIDA STATE UNIVERSITY**
 CITY-ST-ZIP **TALLAHASSEE FL 32306**

TITLE **SD** ☐ Change ☒ Addition
 NAME **ELLIE BARRETT**
 STREET ADDRESS **1676 Castille Street**
 CITY-ST-ZIP **St. Augustine, FL 32084**

TITLE **PD** ☒ Delete
 NAME **PENNEY, PHYLLIS**
 STREET ADDRESS **16395 WATERVILLE ROAD**
 CITY-ST-ZIP **JACKSONVILLE FL 32226**

TITLE **VD** ☐ Change ☒ Addition
 NAME **Elizabeth Partenauale**
 STREET ADDRESS **Florida State University**
 CITY-ST-ZIP **Tallahassee, FL 32306**

TITLE **VD** ☐ Delete
 NAME **FROSCH, JOAN**
 STREET ADDRESS **UNIV. OF FL/ PO BOX 115900**
 CITY-ST-ZIP **GAINESVILLE FL 32611**

TITLE **PD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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 another like empowered.

SIGNATURE:

Sharon E. Thiel
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/2001

Date

305-674-3350

Daytime Phone #

CR2E037 (10/00)