

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91362 049 \*\*\*\*61.25

**DOCUMENT # 739598**

1. Entity Name

**OLUFEMI II DANCE THEATRE, INC.**

Principal Place of Business

1417 10 ST W  
 RIVIERA BEACH FL 33404  
 US

Mailing Address

1417 10 ST W  
 RIVIERA BEACH FL 33404  
 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

**59-1740392**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**HERRING, JOLINDA**  
**2141 TED HINES DRIVE**  
**TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

Name **MERRY HERRING**

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

**1417 10th St W**

**Riviera Beach FL 33404**

City **Riviera Beach,**

**FL**

Zip Code

**33404**

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

(NOTE: Registered Agent signature required when reinstating)

1-25-01

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 **D** ☐ Delete  
 NAME **HERRING, MERRY**  
 STREET ADDRESS **1417 W. 10TH STREET**  
 CITY-ST-ZIP **RIVIERA BEACH FL 33404**

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

TITLE **D** ☐ Delete  
 NAME **WILSON, JAMES JR.**  
 STREET ADDRESS **1114 9TH STREET**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33301**

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

TITLE **D** ☐ Delete  
 NAME **HERRING, BRUCE**  
 STREET ADDRESS **1417 W. 10TH STREET**  
 CITY-ST-ZIP **RIVIERA BEACH FL 33404**

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

TITLE **D** ☐ Delete  
 NAME **HERRING, JOLINDA**  
 STREET ADDRESS **2141 TED HINES DRIVE**  
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

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

TITLE **D** ☐ Delete  
 NAME **WASHINGTON, HELEN**  
 STREET ADDRESS **1417 W. 10TH STREET**  
 CITY-ST-ZIP **RIVIERA BCH. FL 33404**

TITLE ☐ 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 all other like empowered.

SIGNATURE: Merry Herring **REQUIRED**

1-25-01 (54) 848-7926

CR2E037 (10/00)