

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751806

1. Entity Name

KEY WEST DANCE THEATRE, INC.

FILED

May 29, 2002 8:00 am
Secretary of State

05-29-2002 90724 030 ****61.25

Principal Place of Business Mailing Address
916 POHALSKI ST. 916 POHALSKI ST.
KEY WEST FL 33040 KEY WEST FL 33040

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 59-2017266 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

HENDRICK, JAMES T.
317 WHITEHEAD ST
KEY WEST FL

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	PD	<input checked="" type="checkbox"/> Delete
NAME	KREINCES, FRANCINE N.	
STREET ADDRESS	12 ALLAMANDA TERRACE	
CITY-ST-ZIP	KEY WEST FL	
TITLE	PVP	<input type="checkbox"/> Delete
NAME	JAMPOL, PENNY MOLLOT	
STREET ADDRESS	916 POHALSKI ST	
CITY-ST-ZIP	KEY WEST FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MAYER, ALLISON TRADUP	
STREET ADDRESS	1108 18TH ST	
CITY-ST-ZIP	KEY WEST FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	TRADUP, ALLISON	
STREET ADDRESS	319 DUVAL STREET	
CITY-ST-ZIP	KEY WEST FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	KREINCES, FRANCES	
STREET ADDRESS	12 ALLAMANDA TERRACE	
CITY-ST-ZIP	KEY WEST, FL-00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mayer, Allison Tradup	
STREET ADDRESS	1108 18th St.	
CITY-ST-ZIP	Key West, FL - 33040	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMPOL, Penny mollot	
STREET ADDRESS	3218 Harriet Ave.	
CITY-ST-ZIP	Key West, FL - 33040	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mayer Allison Tradup	
STREET ADDRESS	1108 18th St.	
CITY-ST-ZIP	Key West, FL - 33040	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jampol, Penny Molloy	
STREET ADDRESS	3218 Harriet Ave.	
CITY-ST-ZIP	Key West, FL - 33040	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Penny Molloy* 5/15/02 305-296-9982
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)