

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 752613**

1. Entity Name

AMERICAN BALLROOM AND CONTEMPORARY DANCE ASSOCIA

Principal Place of Business

**PO BOX 40802
JACKSONVILLE FL 32203**

Mailing Address

**PO BOX 40802
JACKSONVILLE FL 32203**

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

59-2033118

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

**NICOLI, GUIDO
3212 LAKE SHORE BLVD
JACKSONVILLE FL 32210**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
JACKSON, VERNON
53 WATERBRIDGE PLACE
PONTE VEDRA BEACH FL 32082** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
HERBERT W. PACKHAM JR.
3967 YARMOUTH RD.
JACKSONVILLE, FL 32257** ☒ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
BAILEY, HOWARD
945 GROVE PARK BLVD
JACKSONVILLE FL 32216** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
EARL HIGGINBOTHAM
4120 HEATH ROAD
JACKSONVILLE, FL 32277** ☒ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
SEFTON, JOHN
4660 APACHE AVE
JACKSONVILLE FL 32210** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
NICOLI, GUIDO
3212 LAKE SHORE BLVD
JACKSONVILLE FL 32216** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90169 037 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)