

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90160 045 ****61.25

DOCUMENT # 756702

1. Entity Name

FLORIDA ASSOCIATION OF SINGLE SQUARE AND ROUND DANCERS, INC.

Principal Place of Business

8210 SULKY CT #3
 PORT RICHEY FL 34668
 US

Mailing Address

8210 SULKY CT #3
 PORT RICHEY FL 34668
 US

2. Principal Place of Business

5418 LK Margaret Dr.

Suite, Apt. #, etc.

#1020

City & State

Orlando FL

Zip

32812

Country

Orange

3. Mailing Address

5418 LK Margaret Dr.

Suite, Apt. #, etc.

#1020

City & State

Orlando FL

Zip

32812

Country

Orange



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2102302

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SESSIONS, PEG
 8210 SULKY CT #3
 PORT RICHEY FL 34668

7. Name and Address of New Registered Agent

Name

Marilyn Newton

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

5418 Lake Margaret Dr. #1020

City

Orlando

FL

Zip Code

32812

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

Marilyn R. Newton

Marilyn R. Newton, Treas

4/29/02

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	PD	<input type="checkbox"/> Delete
NAME	POMPLIN, CARROLL E.	
STREET ADDRESS	10301 HWY 27 UNIT 72	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	STEWART, DIANE	
STREET ADDRESS	4740 CARDINAL BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SESSIONS, PEG E.	
STREET ADDRESS	8210 SULKY CT #3	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	DS	<input type="checkbox"/> Delete
NAME	LOU PELZ, MARY	
STREET ADDRESS	4815 SOUTHLAND DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GILBERT, HARRISON	
STREET ADDRESS	331 NORTH 70TH WAY	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
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	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Penny Green	
STREET ADDRESS	225 Meadow Lane	
CITY-ST-ZIP	Buburndale, FL 33823	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marilyn Newton	
STREET ADDRESS	5418 Lake Margaret Dr #1020	
CITY-ST-ZIP	Orlando, FL 32812	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Marilyn R. Newton

Marilyn R. Newton 4/29/02 407-852-3600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)