

# 2001 UNIFORM BUSINESS REPORT (UBR)

0007308 AF

**DOCUMENT #** A97000002592

**1. Entity Name**

DANCE TIL DAWN LIMITED PARTNERSHIP

**FILED**

01 FEB 15 AM 11:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Principal Place of Business**

15527 IMPERIAL POINT LANE  
WELLINGTON FL 33414

**Mailing Address**

15527 IMPERIAL POINT LANE  
WELLINGTON FL 33414

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**4. FEI Number** 65-0773333

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

Applied For  
Not Applicable

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

DANCE TIL DAWN, INC.  
15527 IMPERIAL POINT LANE  
WELLINGTON FL 33414

**7. Name and Address of New Registered Agent**

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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

**9. Capital Contributions as Shown on record.** \$1,540,232.00

**10. Amount of Capital Contributions in FLORIDA to date.** 1,540,232.00

**11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

**12. GENERAL PARTNER INFORMATION**

DOCUMENT #	P97000058518
NAME	DANCE TIL DAWN, INC.
STREET ADDRESS	15527 IMPERIAL POINT LANE
CITY-ST-ZIP	WELLINGTON FL 33414
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	
CITY-ST-ZIP	200003744892--3 -02/21/01--01032--022 ****526.25 ****526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

**14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes**

**SIGNATURE:** Dawn Curran Boll **2-13-01** **561 391 5848**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)