

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State
02-29-2000 90194 004 ***150.00

DOCUMENT # F83740

1. Entity Name
STRAUSBAUGH SCHOOL OF DANCE, INC.

Principal Place of Business Mailing Address
JAZZ DR. **100 JAZZ DR.**
CITY FL 32405-4311 **PANAMA CITY FL 32405-4399**

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 Applied For
59-2206892 ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
ISLER, CHARLES S., III
434 MAGNOLIA AVE.
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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
5. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STRAUSBAUGH, ROBERT L.		NAME			
2634 JENKS AVE		STREET ADDRESS			
PANAMA CITY, FL 00000		CITY-ST-ZIP			
PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STRAUSBAUGH, BARBARA A.		NAME			
2634 JENKS AVE		STREET ADDRESS			
PANAMA CITY, FL 00000		CITY-ST-ZIP			
	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		NAME			
		STREET ADDRESS			
		CITY-ST-ZIP			
	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		NAME			
		STREET ADDRESS			
		CITY-ST-ZIP			
	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		NAME			
		STREET ADDRESS			
		CITY-ST-ZIP			

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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Barbara A. Strausbaugh* Date: **2-17-00** Daytime Phone #: **850-763-7191**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR