

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90007 026 ***150.00

DOCUMENT # F96000004544

1. Entity Name
FOOTLOOSE SINGLES DANCE PARTY, INC.

Principal Place of Business

1108 OVERBROOK DR.
ORMOND BEACH FL 32174

Mailing Address

1108 OVERBROOK DR.
ORMOND BEACH FL 32174

2. Principal Place of Business

40 HUNT MASTER CT
 Suite, Apt. #, etc.

3. Mailing Address

SAME
 Suite, Apt. #, etc.

City & State

ORMOND BEACH FL

City & State

FLA - SAME

Zip

32174

Country

FLORIDA

Zip

SAME

Country

SAME

4. FEI Number **59-3395500**

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

LYTTON, BARBARA
1108 OVERBROOK DR.
ORMOND BEACH FL 32174

Name **SAME**

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

40 HUNT MASTER CT

City **ORMOND BEACH**

FL

Zip Code **32174**

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

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **SHULINS, CAROLE**
 CITY-ST-ZIP **541 TARRAGONA WAY**
DAYTONA BEACH FL 32114

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **HARGABUS, GEORGE**
 CITY-ST-ZIP **5605 SE 35TH ST.**
OCALA FL 34471

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **ST**
 STREET ADDRESS **LYTTON, BARBARA**
 CITY-ST-ZIP **1108 OVERBROOK DR.**
ORMOND BEACH FL 32174

TITLE ☒ Change ☐ Addition
 NAME **ST BARBARA LYTTON**
 STREET ADDRESS **40 HUNT MASTER CT**
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 Lytton Secretary/Treas.** 1-10-01 (904) 672-6518
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)