

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H66362

1. Entity Name

ZANADU DANCERS, INC.

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90989 030 \*\*\*150.00

C0058820

DO NOT WRITE IN THIS SPACE

Principal Place of Business

2400 Dear Creek Road  
Weston, FL 33327

Mailing Address

2400 Dear Creek Road  
Weston, FL 33327

2. Principal Place of Business

2400 Dear Creek Road

Suite, Apt. #, etc.

3. Mailing Address

2400 Dear Creek Road

Suite, Apt. #, etc.

City & State

Weston, FL

City & State

Weston, FL

4. FEI Number

59-2568812

Applied For

Not Applicable

Zip  
33327

Country  
USA

Zip  
33327

Country  
USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHERYL BEITLER  
631 Brookhaven Drive  
Orlando, FL 32803

7. Name and Address of New Registered Agent

Name

CHERYL BEITLER

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

2400 DEAR CREEK ROAD

City

WESTON

FL

Zip Code  
33327

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

*Cheryl Beitler*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/19/01

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CHERYL BEITLER, P, S, T, D. ☐ Delete  
2400 Dear Creek Road  
Weston, FL 33327

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

*Cheryl Beitler Pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01  
Date

407-402-9323  
Daytime Phone #

CR2E034 (11/00)