2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J83800

LEE'S ACADEMIE OF DANCE, INC.

Principal Place of Business Mailing Address 10509 SPRING HILL DR. 14370 LINDEN DR. SPRING HILL FL 34609-6142 VILLAGE PLAZA VAMOTIOT SPRING HILL FL 34608 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 59-2827634 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MEYER, LEE Street Address (P.O. Box Number is Not Acceptable) 14370 LINDEN DR SPRING HILL FL 34609 City 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 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 FILE-NOW!!!_EEE IS \$150.00 10: Election Campaign Financing **\$5:00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. ☐ Change ☐ Addition C 72E034 (9/99 DP ☐ Celete TITLE MEYER, LEE NAME STREET ADDRESS STREET ADDRESS 14370 LINDEN DR CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL ☐ Addition TITLE Defete TITLE Change NAME MEYER, ROBERT J NAME STREET ADDRESS STREET ADDRESS 14370 LINDEN DR CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

May 02, 2000 8:00 am Secretary of State

05-02-2000 90098 020 ***150.00

4-27-00 352-683-9001