

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90177 014 ***150.00

DOCUMENT # L90642

1. Entity Name
**SWINGIN SINGLES & ASSOCIATES SQUARE DANCE CLUB,
INC.**



Principal Place of Business
**307 N. 57TH AVENUE
HOLLYWOOD FL 33021
US**

Mailing Address
**307 N. 57TH AVENUE
HOLLYWOOD FL 33021
US**

22003287



☐ CHECK HERE IF MAKING CHANGES

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 **65-0201178**

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

**BONVISUTO, SHIRLEY
307 N. 57TH AVENUE
HOLLYWOOD FL 33021**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

Shirley Bonvisuto, Treasurer

2/2/03

DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SPRING, DORI**
STREET ADDRESS **1728 SW 13 STREET**
CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE **P** ☒ Change ☐ Addition
NAME **Tom Maturo**
STREET ADDRESS **1728 SW 13th Street**
CITY-ST-ZIP **Ft. Lauderdale, FL 33312**

TITLE **T** ☐ Delete
NAME **BONVISUTO, SHIRLEY**
STREET ADDRESS **307 N. 57 AVENUE**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **T** ☐ Change ☐ Addition
NAME **Shirley Bonvisuto**
STREET ADDRESS **307 N. 57th Avenue**
CITY-ST-ZIP **Hollywood, FL 33021**

TITLE **S** ☐ Delete
NAME **HEINA, ALBERTA**
STREET ADDRESS **2810 N. 46 AVENUE #F-262**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **S** ☐ Change ☐ Addition
NAME **Alberta Heina**
STREET ADDRESS **2810 N. 46 Avenue #F262**
CITY-ST-ZIP **Hollywood, FL 33021**

TITLE **VP** ☐ Delete
NAME **PROTZMAN, CONRAD**
STREET ADDRESS **3309 SW 15 STREET**
CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE **VP** ☐ Change ☐ Addition
NAME **Conrad Protzman**
STREET ADDRESS **3309 SW 15th Street**
CITY-ST-ZIP **Ft. Lauderdale, FL 33312**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shirley Bonvisuto February 2, 2003 954-961-4700

Date Daytime Phone #

CR2E034 (10/02)