

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L94000000698

1. Entity Name
DANCESPORT PRODUCTIONS, L.C.

Principal Place of Business
6123 NW 120 TERRACE
CORAL SPRINGS FL 33076

Mailing Address
P.O. BOX 13
BOCA RATON FL 33429-0013

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0553786

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HILLARY, COLIN C
6123 N.W. 120 TERRACE
CORAL SPRINGS FL 33076

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM BUNKER, LEONARD R
STREET ADDRESS 2581 JUPITER PARK DR. STE E7
CITY-ST-ZIP FT LAUDERDALE FL 33458 ☒ Delete

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

TITLE NAME MGRM FEHER, MARIANNE
STREET ADDRESS 1647 CYPRESS PT. DR.
CITY-ST-ZIP CORAL SPRINGS FL 33070 ☒ Delete

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

TITLE NAME MGRM HILLARY, COLIN
STREET ADDRESS 6123 N.W. 120 TERRACE
CITY-ST-ZIP CORAL SPRINGS FL 33076 ☐ Delete

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

TITLE NAME MGRM HILLARY, JOY
STREET ADDRESS 6123 N.W. 120 TERRACE
CITY-ST-ZIP CORAL SPRINGS FL 33076 ☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/25/00

Date

954-757-5101

Daytime Phone #

APPROVED
AND
FILED

00 MAY -2 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (9/99)