

2001 UNIFORM BUSINESS REPORT (UBR)

3.

FILED
Apr 07, 2001 8:00 am
Secretary of State

03-26-2001 90142 045 ****61.25

DOCUMENT # N00000005452

1. Entity Name
THE BARN DANCERS YOUTH CLUB, INC.

Principal Place of Business 3820 MINTON ROAD MELBOURNE FL 32904	Mailing Address 3820 MINTON ROAD MELBOURNE FL 32904
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2. Principal Place of Business 3820 MINTON RD	3. Mailing Address 3820 MINTON RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MELBOURNE, FL	City & State MELBOURNE, FL
Zip 32904	Zip 32904
Country USA	Country USA

4. FEI Number 59-3674242	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**LUTZ, OTIS P
 3820 MINTON ROAD
 MELBOURNE FL 32904**

7. Name and Address of New Registered Agent
 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 \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE PRESIDENT	<input type="checkbox"/> Delete
NAME TERRY ZRUTSKIE	
STREET ADDRESS 48 PAUL ROAD DR	
CITY-ST-ZIP W. MELBOURNE FL 32904	
TITLE VICE PRESIDENT	<input type="checkbox"/> Delete
NAME JOE MANN	
STREET ADDRESS 1626 COUNTRY COVE CIRCLE	
CITY-ST-ZIP MALABAR, FL 32950	
TITLE SECRETARY	<input type="checkbox"/> Delete
NAME OTIS LUTZ	
STREET ADDRESS 3820 MINTON RD	
CITY-ST-ZIP MELBOURNE, FL 32904	
TITLE TREASURER	<input type="checkbox"/> Delete
NAME LINDA LUTZ	
STREET ADDRESS 3820 MINTON RD	
CITY-ST-ZIP MELBOURNE, FL 32904	
TITLE DIRECTOR	<input type="checkbox"/> Delete
NAME BETH YOUNG	
STREET ADDRESS 2401 DAIRY ROAD	
CITY-ST-ZIP MELBOURNE, FL 32904	
TITLE DIRECTOR	<input type="checkbox"/> Delete
NAME BETTY MANN	
STREET ADDRESS 1626 COUNTRY COVE CIRCLE	
CITY-ST-ZIP MALABAR, FL 32950	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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: **OTIS P. LUTZ** **REQUIRED** **3-24-01** **321-722-1664**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

OTIS P. LUTZ, SECRETARY
TERRY R. ZRUTSKIE, PRESIDENT
TERRY R. ZRUTSKIE

CR2E037 (10/00)