

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2002 8:00 am**  
**Secretary of State**

0013855

**DOCUMENT # N00000005452**

1. Entity Name

**THE BARN DANCERS YOUTH CLUB, INC.**

04-07-2002 90053 005 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**3820 MINTON ROAD  
 MELBOURNE FL 32904**

**3820 MINTON ROAD  
 MELBOURNE FL 32904**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3674242**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LUTZ, OTIS P  
 3820 MINTON ROAD  
 MELBOURNE FL 32904**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P**  Delete  
 NAME **ZRUTSKIE, TERRY**  
 STREET ADDRESS **48 PAUL RENE DR**  
 CITY-ST-ZIP **W MELBOURNE FL 32904**

TITLE \_\_\_\_\_  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE **VP**  Delete  
 NAME **MANN, JOE**  
 STREET ADDRESS **1626 COUNTRY COVE CIRCLE**  
 CITY-ST-ZIP **MALABAR FL 32950**

TITLE \_\_\_\_\_  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE **S**  Delete  
 NAME **LUTZ, OTIS P**  
 STREET ADDRESS **3820 MINTON RD**  
 CITY-ST-ZIP **MELBOURNE FL 32904**

TITLE \_\_\_\_\_  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE **T**  Delete  
 NAME **LUTZ, LINDA**  
 STREET ADDRESS **3820 MINTON RD**  
 CITY-ST-ZIP **MELBOURNE FL 32904**

TITLE \_\_\_\_\_  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE **D**  Delete  
 NAME **YOUNG, BETH**  
 STREET ADDRESS **2401 DAIRY ROAD**  
 CITY-ST-ZIP **MELBOURNE FL 32904**

TITLE \_\_\_\_\_  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE **D**  Delete  
 NAME **MANN, BETTY**  
 STREET ADDRESS **1626 COUNTRY COVE CIRCLE**  
 CITY-ST-ZIP **MALABAR FL 32950**

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)(l), 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: *[Signature]* **REQUIRED** LUTZ 3-27-02 321-222-1664

CR2E037 (9/01)