

# 2002 UNIFORM BUSINESS REPORT (UBR)

0014283

DOCUMENT # N01000000637

1. Entity Name

UNIVERSAL DANCE ACADEMY PREMIERE BOOSTER CLUB, INC.

FILED

02 DEC -2 AM 9:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1700 TAMiami TRAIL  
PORT CHARLOTTE FL 33948

1700 TAMiami TRAIL  
PORT CHARLOTTE FL 33948

2. Principal Place of Business

663 Tamiami Tr.

3. Mailing Address

663 Tamiami Tr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port Charlotte, FL

City & State

Port Charlotte, FL

Zip

33953

Country

USA

Zip

33953

Country

USA

4. FEI Number

0716930775

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

OAKS, DAVID K. ESQ.

407 E. MARION AVE., SUITE 101

PUNTA GORDA FL 33950

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

*David K. Oaks*

11-26-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,  
min. will be \$236.25.

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 PD  
NAME KENNEDY, PAULA  
STREET ADDRESS 24623 NOVA LANE  
CITY-ST-ZIP PORT CHARLOTTE FL 33980 ☐ Delete

TITLE *VD*  
NAME Robin L. Kontas  
STREET ADDRESS 25126 Bolivar Dr.  
CITY-ST-ZIP Punta Gorda, FL 33983 ☐ Change ☒ Addition

TITLE SD  
NAME SARKANY, CHERYL  
STREET ADDRESS 106 GRAND OAK CIR.  
CITY-ST-ZIP VENICE FL 34292 ☐ Delete

TITLE Assistant T/D  
NAME Sonya D. Teixeira  
STREET ADDRESS 1655 Clow CT  
CITY-ST-ZIP North Port, FL 34286 ☐ Change ☒ Addition

TITLE TD  
NAME CINDY, NEVILLE  
STREET ADDRESS 23459 GARRETT AVE.  
CITY-ST-ZIP PORT CHARLOTTE FL 33954 ☐ Delete

200008948302  
11/13/02-01015-025 \*\*245.00 ☐ Change ☐ Addition

TITLE D  
NAME VOSS, KRISTY  
STREET ADDRESS 23459 GARRETT AVE.  
CITY-ST-ZIP PORT CHARLOTTE FL 33954 ☒ Delete

☐ Change ☐ Addition

TITLE D  
NAME BOURNE, DENISE  
STREET ADDRESS 26388 HONG KONG RD.  
CITY-ST-ZIP PUNTA GORDA FL 33983 ☒ Delete

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

*SIGNATURE REQUIRED*

1117102

941-613-6860

CR2E037 (4/02)