

FILED
Jul 23, 2002 8:00 am
Secretary of State

05-28-2002 91768 007 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000003828			
1. Entity Name SARASOTA YOUTH DANCE ALLIANCE, INC.			
Principal Place of Business 3303 BAHIA VISTA ST SARASOTA FL 34240		Mailing Address 3303 BAHIA VISTA ST SARASOTA FL 34240	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent GORSKI, NANCY A 4358 TRAILS DRIVE SARASOTA FL 34232		7. Name and Address of New Registered Agent Name Cindy Morris Street Address (P.O. Box number is Not Acceptable) 7455 Roxye Lane City Sarasota FL Zip 34240	
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 Cindy Morris DATE 4/30/02 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
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 NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete Treasurer HENORY, MARK G 2520 S SCARLETT OAK DRIVE SARASOTA FL 34232	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition President Cindy Morris 7455 Roxye Lane Sarasota FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Delete DVS EDSEL, JOAN 8887 HUNTINGTON POINTE DRIVE SARASOTA FL 34232	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition Vice President Terri Phillips 3309 Sunstars Court Sarasota, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Delete DT GORSKI, NANCY A 4358 TRAILS DRIVE SARASOTA FL 34232	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition Secretary Cynn Morris 1388 Georgetowne Circle Sarasota, FL 34232
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
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: Cindy Morris		Date 4/30/02	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CPRE003 (9/01)