

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

007044

DOCUMENT # NO1000007705

1. Entity Name

ARTS IN MOTION COMMUNITY YOUTH THEATRE/ARTS EDUCATION, INC.

03-28-2002 90021 037 *****70.00

Principal Place of Business

Mailing Address

**37745 CHURCH AVE
 DADE CITY FL 33525**

**P.O BOX 762
 DADE CITY FL 33526**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

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

**ROGASNER, WILLIAM
 13619 14TH ST.
 DADE CITY FL 33525**

Name **Stacey Barnett Torrens**

Street Address (P.O. Box Number is Not Acceptable)

22829 Hawk Hill Loop

City **Land O' Lakes**

FL

Zip Code **34639**

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 Stacey B. Torrens Stacey B. Torrens 3/17/02
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE
 Acting President

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 ☒ Delete
 NAME **D ROGASNER, WILLIAM**
 STREET ADDRESS **13619 14TH ST**
 CITY-ST-ZIP **DADE CITY FL 33525**

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

TITLE ☐ Delete
 NAME **D PARKER, CINDY**
 STREET ADDRESS **13304 10TH STREET**
 CITY-ST-ZIP **DADE CITY FL 33525**

TITLE ☒ Change ☐ Addition
 NAME **Parker, Cindy**
 STREET ADDRESS **> same as listed in Block 10**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D BELLUCCIA, STACY**
 STREET ADDRESS **22829 HAWK HILL LOOP**
 CITY-ST-ZIP **LAND O LAKES FL 34639**

TITLE ☒ Change ☐ Addition
 NAME **P/S Torrens, Stacey**
 STREET ADDRESS **> same as listed in Block 10**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D MCLAUGHLIN, KIM**
 STREET ADDRESS **35511 WELBY CT**
 CITY-ST-ZIP **ZEPHYRHILLS FL 33540**

TITLE ☒ Change ☐ Addition
 NAME **McLaughlin, Kim**
 STREET ADDRESS **> same as listed in Block 10**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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)(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: Stacey B. Torrens 3/17/02 (813) 995-0289
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Stacey B. Torrens Daytime Phone #

CR2E037 (9/01)