

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000007705

FILED  
Jan 15, 2003  
Secretary of State

**Entity Name:** ARTS IN MOTION COMMUNITY YOUTH THEATRE/ARTS EDUCATION, INC.

**Current Principal Place of Business:**

37745 CHURCH AVE  
DADE CITY, FL 33525

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 762  
DADE CITY, FL 33526

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BARNETT TORRENS, STACEY  
22829 HAWK HILL LOOP  
LAND O LAKES, FL 34639

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: PARKER, CINDY  
Address: 13304 10TH STREET  
City-St-Zip: DADE CITY, FL 33525

Title: PSD ( ) Delete  
Name: TORRENS, STACEY  
Address: 22829 HAWK HILL LOOP  
City-St-Zip: LAND O LAKES, FL 34639

Title: TD ( ) Delete  
Name: MCLAUGHLIN, KIM  
Address: 35511 WELBY CT  
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VD (X) Change ( ) Addition  
Name: MANDER, A.R.  
Address: 14402 OLD MISSION RD  
City-St-Zip: DADE CITY, FL 33525

Title: PD (X) Change ( ) Addition  
Name: TORRENS, STACEY  
Address: 22829 HAWK HILL LOOP  
City-St-Zip: LAND O LAKES, FL 34639

Title: TD (X) Change ( ) Addition  
Name: MCDOUGAL, RITA  
Address: 31134 ST. JOE RD  
City-St-Zip: DADE CITY, FL 33525

Title: SD ( ) Change (X) Addition  
Name: MINE, ANNE  
Address: 5543 ELAINE DR  
City-St-Zip: ZEPHYRHILLS, FL 33541

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STACEY BELLUCCIA TORRENS

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01/15/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date