

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90267 027 \*\*\*\*61.25

**DOCUMENT # N02000007354**

1. Entity Name  
**FLORIDA STATE UNIVERSITY SWING DANCE UNION, INC.**



Principal Place of Business  
**A305 OGLESBY UNION  
TALLAHASSEE FL 32306-4003**

Mailing Address  
**A305 OGLESBY UNION  
TALLAHASSEE FL 32306-4003**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CRYTZER, GLENN  
1104 K GREENTREE CT  
TALLAHASSEE FL 32304**

Name **Robert Eisenberg**  
Street Address (P.O. Box Number is Not Acceptable)  
**2079 Continental Ave.**  
City **Tallahassee** FL Zip Code **32304**

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 **Robert H. Eisenberg**  
Signature, typed or printed name of registered agent and title if applicable.

**Robert H. Eisenberg**  
(NOTE: Registered Agent signature required when reinstating)

**4/30/03**  
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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete  
NAME **CRYTZER, GLENN**  
STREET ADDRESS **A305 OGLESBY UNION**  
CITY-ST-ZIP **TALLAHASSEE FL 32306-4003**

TITLE **11D** ☐ Change ☒ Addition  
NAME **Vanessa Shields**  
STREET ADDRESS **950 Gcnrsc Ave**  
CITY-ST-ZIP **Sebastian, FL 32958**

TITLE **SD** ☒ Delete  
NAME **WYLIE, LESLIE**  
STREET ADDRESS **A305 OGLESBY UNION**  
CITY-ST-ZIP **TALLAHASSEE FL 32306-4003**

TITLE **51D** ☐ Change ☒ Addition  
NAME **Grace Adkinson**  
STREET ADDRESS **A305 Oglesby Union**  
CITY-ST-ZIP **Tallahassee, FL 32306-4003**

TITLE **TD** ☒ Delete  
NAME **HAFTTEL, ANNA**  
STREET ADDRESS **A305 OGLESBY UNION**  
CITY-ST-ZIP **TALLAHASSEE FL 32306-4003**

TITLE **TD** ☐ Change ☒ Addition  
NAME **Robert Eisenberg**  
STREET ADDRESS **2079A Continental Ave.**  
CITY-ST-ZIP **Tallahassee, FL 32304**

TITLE **VD** ☒ Delete  
NAME **DILLON, EAMON**  
STREET ADDRESS **A305 OGLESBY UNION**  
CITY-ST-ZIP **TALLAHASSEE FL 32306-4003**

TITLE **VD** ☐ Change ☒ Addition  
NAME **Kristina Ackerman**  
STREET ADDRESS **A305 Oglesby Union**  
CITY-ST-ZIP **Tallahassee, FL 32306-4003**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **Kate Phillips**  
STREET ADDRESS **A305 Oglesby Union**  
CITY-ST-ZIP **Tallahassee, FL 32306-4003**

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: **Robert H. Eisenberg** **4/30/03** **850-575-0776**

CR2E037 (10/02)