

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

**FILED**  
**Sep 11, 2003 8:00 am**  
**Secretary of State**

09-11-2003 90095 013 \*\*\*\*61.25

0011378

**DOCUMENT # N31993**

1. Entity Name

**KLEIN DANCE, INC.**



Principal Place of Business

**811 LAKE AVENUE  
LAKE WORTH FL 33460  
US**

Mailing Address

**811 LAKE AVENUE  
LAKE WORTH FL 33460  
US**

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 **65-0114024**

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

**KLEIN, DEMETRIUS A  
811 LAKE AVE  
LAKE WORTH FL 33460**

7. Name and Address of New Registered Agent

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

(Signature, typed or printed name of registered agent and date if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

**9/1/03**

**FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25**

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KLEIN, DEMETRIUS A.</b>	
STREET ADDRESS	<b>833 VALLEY FORGE RD</b>	
CITY-ST-ZIP	<b>W PALM BCH FL 33405</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JOHNSON-KLEIN, KATHLEEN</b>	
STREET ADDRESS	<b>833 VALLEY FORGE RD</b>	
CITY-ST-ZIP	<b>W PALM BCH FL 33405</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MATHERS, LAUREN</b>	
STREET ADDRESS	<b>19067 SE HILLCREST DR</b>	
CITY-ST-ZIP	<b>TEQUESTA FL 33469</b>	
TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>JOANNE WARSHAVER</b>	
STREET ADDRESS	<b>1 NORTH BREAKERS ROW</b>	
CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LYNCH, MARK</b>	
STREET ADDRESS	<b>PO BOX 1027</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33460</b>	
TITLE	<b>Clarence Brooks</b>	<input type="checkbox"/> Delete
NAME	<b>D</b>	
STREET ADDRESS	<b>437 8th St</b>	
CITY-ST-ZIP	<b>W Palm Beach, FL 33401</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/1/03 5615861889**

CR2E037 (4/03)