

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34952

1. Entity Name

DANCE COMMUNITY OF BREVARD, INC.

FILED

Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90089 005 ****61.25

Principal Place of Business

740 RICHLAND AVE
MERRITT ISLAND FL 32953
US

Mailing Address

740 RICHLAND AVE
MERRITT ISLAND FL 32953-3232
US

2. Principal Place of Business

740 RICHLAND AVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MERRITT ISLAND FL

City & State

SAME

4. FEI Number

59-3014738

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

USA

Zip

SAME

Country

SAME

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEAN, PAUL
740 RICHLAND AVE
MERRITT ISLAND FL 32953

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME PHILLIPS, MARTA
STREET ADDRESS 740 RICHLAND AVE
CITY-ST-ZIP MERRITT ISLAND FL

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

TITLE V ☐ Delete
NAME HILBURN, CINDY
STREET ADDRESS 2003 MUSKINGUM AVE.
CITY-ST-ZIP COCOA FL

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

TITLE S ☐ Delete
NAME BUSH, REBECCA
STREET ADDRESS 63 MULBERRY ST.
CITY-ST-ZIP COCOA FL

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

TITLE T ☐ Delete
NAME DEAN, PAUL
STREET ADDRESS 740 RICHLAND AVE.
CITY-ST-ZIP MERRITT ISLAND FL

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

TITLE D ☐ Delete
NAME WHEDBEE, DAWN
STREET ADDRESS 890 JAMES TOWN DR.
CITY-ST-ZIP ROCKLEDGE FL

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

TITLE D ☐ Delete
NAME WINES, CINDY
STREET ADDRESS 4185 HARRELL RD.
CITY-ST-ZIP ROCKLEDGE FL

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 of 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

Date

Daytime Phone #

SAN. 26 2000 1-321-45900