

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2002 8:00 am**  
**Secretary of State**

02-14-2002 90091 022 \*\*\*\*61.25

**DOCUMENT # N34952**

1. Entity Name

**DANCE COMMUNITY OF BREVARD, INC.**

Principal Place of Business

**740 RICHLAND AVE  
MERRITT ISLAND FL 32953  
US**

Mailing Address

**740 RICHLAND AVE  
MERRITT ISLAND FL 32953  
US**

2. Principal Place of Business

**740 RICHLAND AVE**

3. Mailing Address

**59ms**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MERRITT ISLAND FL.**

City & State

Zip

**32953**

Country

**USA**

Zip

Country

4. FEI Number

**59-3014738**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DEAN, PAUL  
740 RICHLAND AVE  
MERRITT ISLAND FL 32953**

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.

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

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☐ Addition  
NAME **S Braccini Willow**  
STREET ADDRESS **686 Gladwin Circle #226**  
CITY-ST-ZIP **Rockledge FL 32955**

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

TITLE ☒ Change ☐ Addition  
NAME **D Smith, Scheryl**  
STREET ADDRESS **2073 Skyline Creek Dr.**  
CITY-ST-ZIP **Merritt Island FL 32953**

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:

**SIGNATURE REQUIRED**

**JAN. 28 2002**

**321-459-0502**

CR2E037 (9/01)