

2/2/2/00

DOCUMENT # N42798

1. Entity Name

FRED ASTAIRE DANCE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7900 GLADES ROAD
SUITE 630
BOCA RATON FL 334347900 GLADES ROAD
SUITE 630
BOCA RATON FL 33434

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

65-0277234

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHULTZ, MICHAEL
7900 GLADES ROAD
SUITE 630
BOCA RATON FL 33434

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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution.☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SCHULTZ, MICHAEL 7900 GLADES ROAD SUITE 630 BOCA RATON FL 33434	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S SCHULTZ, MICHAEL 7900 GLADES ROAD, SUITE 630 'D' BOCA RATON FL 33434	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD ROTHWEILER, JACK 7900 GLADES ROAD SUITE 630 BOCA RATON FL 33434	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUPD ANDREW KREIB 7900 GLADES ROAD SUITE 630 'D' BOCA RATON FL 33434	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHIAVONE, GUY 7900 GLADES ROAD SUITE 630 BOCA RATON FL 33434	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAWRENCE E. SMITH 7900 GLADES ROAD SUITE 630 'D' BOCA RATON FL 33434	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

MICHAEL E. SCHULTZ 1-12-2000 (561) 218-3237

Date

Daytime Phone #

CR2E037 (9/99)