

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State

05-20-2002 90010 005 ****61.25

DOCUMENT # N42798

1. Entity Name

FRED ASTAIRE DANCE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7900 GLADES ROAD
 SUITE 630
 BOCA RATON FL 33434

7900 GLADES ROAD
 SUITE 630
 BOCA RATON FL 33434

3.8680

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**

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 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 NAME STREET ADDRESS CITY-ST-ZIP	PSD SCHULTZ, MICHAEL 7900 GLADES ROAD SUITE 630 BOCA RATON FL 33434	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD KREIG, ANDREW 7900 GLADES ROAD SUITE 630 BOCA RATON FL 33434	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, LAWRENCE E 7900 GLADES ROAD SUITE 630 BOCA RATON FL 33434	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Jack Rothweiler 10 Bliss Rd Longmeadow, MA 01106	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

MICHAEL E. SCHULTZ

Date

Daytime Phone #

CR2E037 (9/01)