

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N51169

1. Entity Name

FRIENDS OF DANCE, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90072 002 ****61.25

002802

Principal Place of Business

6672-31 STREET SOUTH
ST. PETERSBURG FL 33712
US

Mailing Address

6672-31 STREET SOUTH
ST. PETERSBURG FL 33712
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

58-3188994

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

DUPRE, STEVEN C.
200 CENTRAL AVE.
STE. 2300
ST. PETERSBURG FL 33701

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	D	<input checked="" type="checkbox"/> Delete
NAME	RICHARTZ, CLAUDIA	
STREET ADDRESS	603-1 AVE S.	
CITY-ST-ZIP	TIERRA VERDE FL 33715	
TITLE	S	<input type="checkbox"/> Delete
NAME	JOHNSON, JUDITH L.	
STREET ADDRESS	2033-54TH AVE. N.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	COOPER, DENISE	
STREET ADDRESS	4096 40 ST S.	
CITY-ST-ZIP	ST. PETERSBURG FL 33705	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUPRE, CHERYL LEE	
STREET ADDRESS	6800 GULFPORT BLVD. #205	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ULBRICHT, PAUL R.	
STREET ADDRESS	6672-31ST ST. SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Katie Stralver	
STREET ADDRESS	345 Belle Point Dr	
CITY-ST-ZIP	St. Pete Beach, Florida 33706	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pam Burnett	
STREET ADDRESS	8273 - 101 St Ct. North	
CITY-ST-ZIP	Seminole, Florida 33777	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sean Manning	
STREET ADDRESS	3618 El Centro	
CITY-ST-ZIP	St. Petersburg Beach, Florida 33706	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kathleen Crothers	
STREET ADDRESS	30 Windrush Bay Drive	
CITY-ST-ZIP	Tampa Springs, Florida 34609	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Luz Nagle	
STREET ADDRESS	408 Monte Cristo Blvd	
CITY-ST-ZIP	St. Petersburg, Florida 33715	
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

Date

Daytime Phone #

CR2E037 (10/00)