

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90162 015 \*\*\*\*61.25

0101986

**DOCUMENT # N51169**

1. Entity Name  
**FRIENDS OF DANCE, INC.**



Principal Place of Business      Mailing Address

**6672-31 STREET SOUTH  
ST. PETERSBURG FL 33712  
US**

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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**



CHECK HERE IF MAKING CHANGES

6.- Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 Florida Department of State**

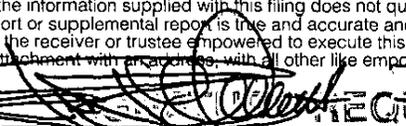
10. OFFICERS AND DIRECTORS

TITLE NAME	<b>S</b> <b>STALKER, KATIE</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>345 BELLE POINTE DR</b>	
CITY-ST-ZIP	<b>ST PETE BEACH FL 33706</b>	
TITLE NAME	<b>VPD</b> <b>COOPER, DENISE</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>4096 40 ST S.</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33705</b>	
TITLE NAME	<b>D</b> <b>DUPRE, CHERYL LEE</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>6800 GULFPORT BLVD. #205</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33707</b>	
TITLE NAME	<b>PD</b> <b>ULBRICHT, PAUL R.</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>6672-31ST ST. SOUTH</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33712</b>	
TITLE NAME	<b>D</b> <b>BURNETTE, PAM</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>8273 101ST CT NORTH</b>	
CITY-ST-ZIP	<b>SEMINOLE FL 33777</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>Steven C. Dupre - Tr</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>365-2nd St. W.</b>	
CITY-ST-ZIP	<b>Terra Verde, Florida 33715</b>	
TITLE NAME	<b>Kathy Grace D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>4350 Gulf Blvd</b>	
CITY-ST-ZIP	<b>St. Petersburg Beach, Florida 33706</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  **Paul R. Ulbricht President 428-03 727-866-3342**

CR2E037 (10/02)