2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # N9500004202 1. Entity Name FLORIDA ARTS, DANCE & FITNESS COMPANY						May 10, 2000 8:00 am Secretary of State 05-10-2000 90130 018 ****61.25			
Principal Place of Business 57 SW MONTEREY RD STUART FL 34994 US 2. Principal Place of Business		Mailing Address							
		57 SW MONTEREY RD STUART FL 34994-4650 US							
		3. Mailing Address		DO NOT WRITE IN THIS SPACE					
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & State		City & State		4. FEI Number Applied For Not Applicable					
Zip	Country	Zip	Countr	y	5. Certificate	of Status Desired	□ \$8.75 Add Fee Required	itional	
	6. Name and Address of Current Re	gistered Agent			7. Name and	Address of New Reg	istered Agent		
			1	Vame			Ę		
SPRINKLE, PHILLIP M II			:	Street Address (P.O. Box Number is Not Acceptable)					
PHILLIPS P	OINT-EAST TOWER								
	1 Flagler dr. Suite 900 Each Fl 33401			City			FL Zip Code	•]	
	named entity submits this statement for the	ne purpose of changing if	ts registered	office or regi	stered agent, or both	n, in the state of Florid			
e. The above	Harried entity southers and diagrams in a	.o pa.pese e <u>-</u> gg			•			ļ	
SIGNATURE _	Signature, typed or printed name of registered agent and	title if applicable. (NC	OTE: Registered Ag	gent signature req	uired when reinstating)		DATE		
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution.		□ \$5	\$5.00 May Be Make Check Payable to Department of State				
10.	OFFICERS AND DIREC	CTORS -	11.		ADDITIONS/CH/	ANGES TO OFFICERS	AND DIRECTORS IN		
TITLE	D	⊡ ∪elete	TITLE	$- P_{i} $	-esident		☐ Change	Addition	
	MUELLER, JEANETTE		NAME	A.	nn Young	17.	erma		
	2002 S.W. RACQUETCLUB DR.		CITY-ST	ے ADDRESS ZIP	201 SE F	ng waa a	errace lart, FL 34	1996	
	PALM CITY FL	7	TITLE	1/10 V	ce Preside	nr/Treasu	Change	Addition	
TITLE NAME	D CANTONICHIMO AGNES	Delete	NAME	$ \vec{u} $	ugh Pase	nry measo	16 km = 1 mm.		
STREET ADDRESS	SANTOMENNO, AGNES 1930 S.W. CRANE CREEK AVENUE			ADDRESS F/	NB 2081	E Ocean	Blud	,	
CITY-ST-ZIP	PALM CITY FL 34990	_	CITY-ST	-zip	ituart, F	= L 34996			
TITLE	D	Delete	TITLE		secretary		Change	Audition	
NAME	DONOHUE, PATTI		NAME		Karen Va	inia	¬.		
	2125 S.E. ERWIN ROAD					st. Andreu			
CITY-ST-ZIP	PORT ST. LUCIE FL		CITY-S1		alm City	FL 3UG	<u>190</u> Change	Addition	
TITLE	D	Delete	, TITLE NAME			nber	L) Change	Addition	
NAME STREET ADDRESS	GIANINO, PETER			11.	like DITE 213 S.F.	erlizzi ederal Hw	v		
CITY-ST-ZIP	217 E. OCEAN BLVD.		CITY-ST	"		FL 3499			
	STUART FL 34994	Delete	TITLE			nber	Change	Addition	
TITLE NAME	LOSADO, RICHARD	i belok	NAME		athy Aller				
STREET ADDRESS	145 N.W. CENTRAL PARK PLACE			ADDRESS 3	534 5W C	ance Place			
CITY-ST-ZIP	PORT ST. LUCIE FL 34990		CITY-S	r-ZIP Pa	alm City,	FL 3499			
TITLE	D .	Delete	TITLE	l B	Betty Brain	3	Change	Addition	
NAME	CARDEN, GWEN	_	NAME	ا ا			•		
STREET ADDRESS	1924 S.W. LANDING CREEK AVEN	JE	STREET CITY-S	MDUNESS -		L 34994	(i n	٨. ا. ه	
CITY-ST-ZIP	PALM CITY FL						see atti	ntormation	
12. I hereby of indicated of the cor	certify that the information supplied with the on this report or supplemental report is transfer or the receiver or trustee empower or on an attachment with an address	his filing does not qualify ue and accurate and that to execute this repo hall other like empowere	for the exemple at my signatur ort as required ed.	otion stated in e shall have d by Chapter	the same legal effect 617, Florida Statute	t), Florida Statutes. I he tas if made under oalles; and that my name a	urmes certify that the r th; that I am an officer appears in Block 10 of	or director r Block 11 if	

221-3024