

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

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90161 023 ****61.25

DOCUMENT # *N960000000009*

1. Entity Name

ENCORE DANCE COMPANY, INC.

DO NOT WRITE IN THIS SPACE

83112+

2. Principal Place of Business

924 N. DIXIE HWY.

Suite, Apt. #, etc.

3. Mailing Address

924 N. DIXIE HWY.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LAKE WORTH, FL

City & State

LAKE WORTH, FL

4. FEI Number

656651196

Applied For

Not Applicable

Zip

33460

Country

USA

Zip

33460

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name *Teri Szember*

Street Address (P.O. Box Number is Not Acceptable)

924 N. Dixie Hwy.

City

Lake Worth

FL

Zip Code *33460*

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IN THIS SPACE**

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

Teri J Szember Teri Szember

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-27-02

**FEE IS \$61.25
Initial or Amended UBR**

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

TITLE *President*
NAME *Mark Easton*
STREET ADDRESS *1314 Lake Geneva Dr.*
CITY-ST-ZIP *Lake Worth, FL 33461*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *Vice President*
NAME *Fifi George*
STREET ADDRESS *170 Yale Dr.*
CITY-ST-ZIP *Lake Worth, FL 33460*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *Secretary*
NAME *Craig Givens*
STREET ADDRESS *724 N. Street*
CITY-ST-ZIP *W. Palm Bch, FL 33401*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *Treasurer*
NAME *Trisha Bishop*
STREET ADDRESS *7504 Alpha Court E.*
CITY-ST-ZIP *Lake Clarke Shores, FL 33406*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Teri J Szember

3-27-02 561-582 3100

CR2E037B (12/01)