

2000 UNIFORM BUSINESS REPORT (UBR)

5.

FILED
Jun 06, 2000 8:00 am
Secretary of State

05-09-2000 90121 016 ****61.25

DOCUMENT # N96000000349

1. Entity Name

BALLROOM DANCESPORT THEATER OF SOUTHWEST FLORIDA

Principal Place of Business

Mailing Address

2272 MAIN STREET
 SARASOTA FL 34230 34237
 US

~~P.O. BOX 4037~~ SAME
~~SARASOTA FL 34230-4037~~
~~US~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 SARASOTA FL

Zip

Country

Zip

Country

34237 USA

4. FEI Number

65-0642837

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

BURNS, MARGARET
 1208 S OSPREY AVE
 SARASOTA FL 34239

Name

WILSON BARRERA

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

1208 S. OSPREY AVE

City

SARASOTA

FL

Zip Code

34239

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

WILSON BARRERA, ARTISTIC/EXECUTIVE DIR. 4/27/00

**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 PD ☐ Delete
 NAME DAY, BARBARA
 STREET ADDRESS 83 TIDY ISLAND BLVD
 CITY-ST-ZIP BRADENTON FL

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

TITLE VPD ☐ Delete
 NAME PILLOT, BEVERLY
 STREET ADDRESS 1212 HILLVIEW DRIVE
 CITY-ST-ZIP SARASOTA FL

TITLE VICE-PRESIDENT ☒ Change ☐ Addition
 NAME LOIS SCHULMAN - VPD
 STREET ADDRESS 435 SOUTH GULFSTREAM AVE. APT 402
 CITY-ST-ZIP SARASOTA, FL 34236

TITLE SD ☐ Delete
 NAME MOSELEY, SUSAN
 STREET ADDRESS 1724 MANATEE AVE W
 CITY-ST-ZIP BRADENTON FL

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

TITLE TD ☒ Delete
 NAME KENNEDY, PATRICK
 STREET ADDRESS 1500 E GLEN OAKS DRIVE
 CITY-ST-ZIP SARASOTA FL

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 #

BARBARA W. DAY April 27, 2000

CR2E037 (9/99)