

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000349

1. Entity Name

AMERICAN DANCESPORT COMPANY, INC.

FILED
Aug 20, 2001 8:00 am
Secretary of State

08-20-2001 90093 001 ****61.25
 08-20-2001 90093 002 *****8.75

Principal Place of Business

Mailing Address

2272 MAIN STREET
 SARASOTA FL 34230
 US

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

11001

2. Principal Place of Business

3. Mailing Address

2272 Main Street

2272 Main Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Sarasota, FL

Sarasota, FL

City & State

City & State

34237

34237

Zip

Country

Zip

Country

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 Avenue

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

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

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 NAME STREET ADDRESS CITY-ST-ZIP	PD DAY, BARBARA 83 TIDY ISLAND BLVD BRADENTON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PILLOT, BEVERLY 1212 HILLVIEW DRIVE SARASOTA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOSELEY, SUSAN 1724 MANATEE AVE W BRADENTON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KENNEDY, PATRICK 1500 E GLEN OAKS DRIVE SARASOTA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Barbara Day 83 Tidy Island Blvd. Bradenton, FL 34210	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Phyllis Guber 48 Bayhead Lane Osprey, FL 34229	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Susan Mosley 1748 Manatee Avenue, W. Bradenton, FL 34205	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Randall Heffernan 5010 W. Kennedy Blvd. Tampa, FL 33609	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 info empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/01)

0014424