

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005383

1. Entity Name

L-A DANCE TROUPE PARENTS ASSOCIATION, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90208 037 ****61.25

Principal Place of Business

Mailing Address

9816 SOUTH MILITARY TRAIL
SUITE 2-2
BOYNTON BEACH FL 33436

9816 SOUTH MILITARY TRAIL
SUITE 2-2
BOYNTON BEACH FL 33436-3209

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0701730

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ARONSON, CAROLE ESO
WEINER AND MORICI, P.A.
102 NORTH SWINTON AVE.
DELRAY BEACH FL 33444

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.

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

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	PD	<input checked="" type="checkbox"/> Delete
NAME	BARTH, KATHLEEN (AKA) now KATHLEEN COZZOLINO	
STREET ADDRESS	5055 BRIAN BLVD.	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	GRAUSAM, RONALD	
STREET ADDRESS	6380 OLD MEDINAH CIR.	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	COOK, JOAN	
STREET ADDRESS	6044 SUNBERRY CIR.	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HANKINS, DYAN	
STREET ADDRESS	6059 NEWPORT VILLAGE WAY	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGLAS MARKS	
STREET ADDRESS	6297 Country Fair Circle	
CITY-ST-ZIP	Boynton Bch FL 33437	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES GRADY	
STREET ADDRESS	3975 DORSET AVE	
CITY-ST-ZIP	Boynton Beach FL 33436	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERRI GRADY	
STREET ADDRESS	3975 DORSET AVE	
CITY-ST-ZIP	BOYNTON Bch FL 33436	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANCY VENEZIA	
STREET ADDRESS	PO Box 3604	
CITY-ST-ZIP	Boynton Bch FL 33424	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

KATHLEEN COZZOLINO

SIGNATURE: *Kathleen (Barth) Cozzolino*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

Date

761-732-6889

Daytime Phone #

CR2E037 (9/99)