

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N96000005383

FILED
May 01, 2002 8:00 AM
Secretary of State

Entity Name: L-A DANCE TROUPE PARENTS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

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

Current Mailing Address:

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

New Mailing Address:

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

FEI Number: 65-0701730

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MARKS, DOUGLAS
Address: 6297 COUNTRY FAIR CIR.
City-St-Zip: BOYNTON BEACH, FL 33437

Title: VPD () Delete
Name: GRAUSAM, RONALD L
Address: 6380 OLD MEDINAH DR.
City-St-Zip: LAKE WORTH, FL 33463

Title: SD () Delete
Name: DELLINGER, SHARON
Address: 7656 THORNLEE DR.
City-St-Zip: LAKE WORTH, FL 33464

Title: TD (X) Delete
Name: MENDEL, RUTH ANN
Address: 1041 CORAL DR.
City-St-Zip: BOYNTON BEACH, FL 33426

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S/TD (X) Change () Addition
Name: DELLINGER, SHARON
Address: 7656 THORNLEE DR.
City-St-Zip: LAKE WORTH, FL 33464

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS MARKS

PD

05/01/2002

Electronic Signature of Signing Officer or Director

Date