

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003946

1. Entity Name

OVIEDO HIGH SCHOOL MANE ATTRACTION DANCE TEAM BO

**FILED**  
**May 21, 2000 8:00 am**  
**Secretary of State**

05-21-2000 90001 015 \*\*\*\*70.00

Principal Place of Business

Mailing Address

601 KING STREET  
OVIEDO FL 32765

601 KING STREET  
OVIEDO FL 32765-8106

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3438468

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HOLLANDER, CAROL  
6082 TWIN LAKES DR  
OVIEDO FL 32765

7. Name and Address of New Registered Agent

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	WELCH, ELLEN	
STREET ADDRESS	100 PARTRIDGE CR	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SHULMAN, DEBBIE	
STREET ADDRESS	491 CAROLYN DR	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LOUGEE, LINDA	
STREET ADDRESS	1838 CARILLON PARK DR	
CITY-ST-ZIP	OVIEDO FL 32765	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD	
STREET ADDRESS	Linda Lougee	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	1838 CARILLON PARK DR.	
	OVIEDO, FL 32765	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cheryl Terabek	
STREET ADDRESS	2350 Turnberry Drive	
CITY-ST-ZIP	OVIEDO, FL 32765	
	TD	
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.

SIGNATURE:

*Carol Hollander*  
**REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-25-00

Daytime Phone #

407-320-4050

CR2E037 (9/99)