

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am  
Secretary of State

05-03-2001 91000 008 \*\*\*\*61.25

DOCUMENT # N97000003946

1. Entity Name

OVIEDO HIGH SCHOOL MANE ATTRACTION DANCE TEAM BO

Principal Place of Business

601 KING STREET  
OVIEDO FL 32765

Mailing Address

601 KING STREET  
OVIEDO FL 32765

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

HOLLANDER, CAROL  
6082 TWIN LAKES DR  
OVIEDO FL 32765

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

*Carol Hollander*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOUGEE, LINDA 1838 CARILLON PARK DR OVIEDO FL 32765	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHULMAN, DEBBIE 491 CAROLYN DR OVIEDO FL 32765	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LOUGEE, LINDA 1838 CARILLON PARK DR OVIEDO FL 32765	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JERABEK, CHERYL 2350 TURNBERRY DR OVIEDO FL 32765	<input 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	PD Kathleen Daniele 2953 Burning Tree Ct Oviiedo, FL 32765	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Debbie Shulman 491 Carolyn Drive Oviiedo, FL 32765	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Robin Lucier 4121 Shadow Creek Circle Oviiedo, FL 32765	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Cheryl Jerabek 2350 Turnberry Drive Oviiedo, FL 32765	<input checked="" type="checkbox"/> Change <input 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 like empowered.

SIGNATURE: *Cheryl Jerabek*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01 (407) 366-7168

Date

Daytime Phone #

CR2E037 (10/00)

Attachment

2001 UNIFORM BUSINESS REPORT (UBR)

Box #11

PD-

Kathleen Daniele  
2953 Burning Tree Ct  
Oviedo, Florida 32765

Addition

SD-

Debbie Shulman  
491 Carolyn Drive  
Oviedo, Florida 32765

Change

VD

Robin Lucier  
4121 Shadow Creek Circle  
Oviedo, Florida 32765

Addition

TD-

Cheryl Jerabek  
2350 Turnberry Drive  
Oviedo, Florida 32765

Change

FEI-  
59-3438468

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C0059593

# 8 - I am sorry but we did not need a signature in Box #8.