

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005315

1. Entity Name

EXPRESSIONS - THE DANCE COMPANY, INC.

Principal Place of Business

8426 REGENCY PARK BLVD.
CENTRE FOR DANCE DRAMA & MUSIC
PORT RICHEY FL 34668

Mailing Address

PO BOX 5737
HUDSON FL 34674-5737
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

TORRENCE, ALFRED W JR.
6645 RIDGE RD.
PORT RICHEY FL 34668

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)

1.8.00

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 ☐ Delete
NAME DAVIS, GILLIAN
STREET ADDRESS 13100 STARBOARD CT.
CITY-ST-ZIP HUDSON FL 34667

TITLE STD ☐ Delete
NAME DAVIS, MICHAEL J.
STREET ADDRESS 13100 STARBOARD CT.
CITY-ST-ZIP HUDSON FL 34667

TITLE D ☐ Delete
NAME DAVIS, ALISON
STREET ADDRESS 13100 STARBOARD CT.
CITY-ST-ZIP HUDSON FL 34667

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MICHAEL J. DAVIS

1.8.00

Date

Daytime Phone #

(727) 869-3027
(727) 842-8175

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90164 045 ****61.25

001600



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3474775

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (9/99)