

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2003 8:00 am
Secretary of State

05-29-2003 90136 013 ****70.00

DOCUMENT # N97000005315

1. Entity Name

EXPRESSIONS - THE DANCE COMPANY, INC.



Principal Place of Business

**8425 REGENCY PARK BLVD
CENTRE FOR DANCE DRAMA & MUSIC
PORT RICHEY FL 34668**

Mailing Address

**PO BOX 5737
HUDSON FL 34674
US**

2. Principal Place of Business

6646/48 RIDGE ROAD

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Suite, Apt. #, etc.

City & State

Zip

Country

Suite, Apt. #, etc.

City & State

Zip

Country

Suite, Apt. #, etc.

City & State

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3474775**

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

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

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **LINDA TRACEY**
STREET ADDRESS **5662 HILLSBORO AVENUE**
CITY-ST-ZIP **NEWPORT RICHEY FL 34655**

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 REQUIRED**

5/1/2003 (727) 342 8175

CR2E037 (10/02)