

2000 UNIFORM BUSINESS REPORT (UBR)

2/2

FILED
Apr 20, 2000 8:00 am
Secretary of State

02-02-2000 90040 037 ****61.25

DOCUMENT # N97000006565

1. Entity Name

DANCEQUEST FOUNDATION, INC.

Principal Place of Business

7900 GLADES ROAD, SUITE 630
BOCA RATON FL 33434

Mailing Address

7900 GLADES ROAD, SUITE 630
BOCA RATON FL 33434

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0795640

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHULTZ, MICHAEL E
7900 GLADES ROAD
SUITE 630
BOCA RATON FL 33434

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 type="checkbox"/> Delete
NAME	SCHULTZ, MICHAEL E	
STREET ADDRESS	7900 GLADES RD SUITE 630	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KRIEG, ANDREW G	
STREET ADDRESS	7900 GLADES RD SUITE 630	
CITY-ST-ZIP	BOCA RATON FL 33309	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	SCHULTZ, SANDRA J	
STREET ADDRESS	7900 GLADES RD SUITE 630	
CITY-ST-ZIP	BOCA RATON FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	P/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULTZ, MICHAEL E.	
STREET ADDRESS	7900 GLADES RD SUITE 630	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, LAWRENCE	
STREET ADDRESS	7900 GLADES RD SUITE 630	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, BURMAH	
STREET ADDRESS	1774 CHEROKEE DRIVE	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRILIEGI, BRUNO COLLINS	
STREET ADDRESS	915 SARA DRIVE	
CITY-ST-ZIP	SHALIMAR FL 32579	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL E. SCHULTZ 1-12-2000 (561) 218-2237

Date

Daytime Phone #

CR2E037 (9/99)