AMENDED

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

07-02-2002 90811 013 ****61.25
N98000000728

FILED
02 JUL 12 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
B0126687

DOCUMENT # N98000000728

1. Entity Name

THE DANCE GUILD OF CENTRAL FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
205 University Park Blvd	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Park, FL	City & State
Zip: 32792 Country: USA	Zip Country

4. FEI Number: 59-3500421 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Gary S. Salzman

Street Address (P.O. Box Number is Not Acceptable): 225 E. Robinson Street, Suite 660

City: Orlando FL Zip Code: 32801

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's signature required when reinstating.

June 17, 2002
DATE

FEE IS $61.25 Initial or Amended UBR

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Director and President Ben Hoofnagle 205 University Park Blvd. Winter Park, FL 32792
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director and 1st Vice Pres. Donna LeBurno 205 University Park Blvd. Winter Park, FL 32792
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director and 2nd Vice Pres. Paula Young 205 University Park Blvd. Winter Park, FL 32792
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director and Treasurer Patti Murray 205 University Park Blvd. Winter Park, FL 32792
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director and Secretary Debbie Montgomery 205 University Park Blvd. Winter Park, FL 32792
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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Ben Hoofnagle (PRESIDENT) June 17, 2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #