

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003856

1. Entity Name

SUPPORT DANCE, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90096 021 ****61.25

Principal Place of Business

8157-D ANDOVER CT
LAKE CLARKE SHORES FL 33406

Mailing Address

8157-D ANDOVER CT
LAKE CLARKE SHORES FL 33406-8452

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

65-0854931

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

BROCK, BETH ANNE
8157-D ANDOVER CT
LAKE CLARKE SHORES FL 33406

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☐ Delete
NAME	BRAND PETERS, CATHY	
STREET ADDRESS	449 PALO ALTO	
CITY-ST-ZIP	PALM SPRINGS FL 33461	
TITLE	VD	☐ Delete
NAME	MIESZEZENSKI, PAY BOYD	
STREET ADDRESS	2861 MEADOW RD	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	SD	☐ Delete
NAME	GIVENS, CRAIG	
STREET ADDRESS	724 N STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	TD	☐ Delete
NAME	BROCK, BETH ANNE	
STREET ADDRESS	8157-D ANDOVER CT	
CITY-ST-ZIP	LAKE CLARKE SHORES FL 33406	
TITLE	D	☐ Delete
NAME	EASTON, MARK	
STREET ADDRESS	1314 LAKE GENEVA DR	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE	D	☐ Delete
NAME	GEORGE, FIFI	
STREET ADDRESS	170 YALE DR	
CITY-ST-ZIP	LAKE WORTH FL 33460	

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	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
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

Date

Daytime Phone #

CR2E037 (9/99)