

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005845

1. Entity Name

DANCE OCALA, INC.

Principal Place of Business

1601 NE. 25TH AVENUE STE. 706
OCALA FL 34470

Mailing Address

1105 N.E. 46TH CT.
OCALA FL 34470-1003

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

59-3292029

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

FELTS, JANET
327 N.E. 43RD AVE.
OCALA FL 34471

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 D ☐ Delete
NAME MCCREIGHT, DEBBIE
STREET ADDRESS 1105 N.E. 46TH COURT
CITY-ST-ZIP OCALA FL 34470

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

TITLE D ☒ Delete
NAME FELTS, JANET
STREET ADDRESS 327 N.E. 43RD AVENUE
CITY-ST-ZIP OCALA FL 34471

TITLE ☒ Change ☐ Addition
NAME Dallon, Pamela
STREET ADDRESS 4572 S.E. 37th Court
CITY-ST-ZIP OCALA FL 34480

TITLE D ☒ Delete
NAME HOPE, KAREN
STREET ADDRESS 2276 S.E. 50TH TERRACE
CITY-ST-ZIP OCALA FL 34471

TITLE ☒ Change ☐ Addition
NAME D Matthews, Sam
STREET ADDRESS 501 SW 9th Lane
CITY-ST-ZIP OCALA FL 34476

TITLE D ☒ Delete
NAME FARRO, ANNMARIE
STREET ADDRESS 16250 S.E. 27TH AVENUE
CITY-ST-ZIP SUMMERFIELD FL 34491

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

TITLE D ☐ Delete
NAME ANDERSON, VICKIE
STREET ADDRESS 2798 S.E. 41ST PLACE
CITY-ST-ZIP OCALA FL 34480

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

TITLE D ☐ Delete
NAME REDA, JAMIE
STREET ADDRESS 3704 S.E. 45TH PLACE
CITY-ST-ZIP OCALA FL 34480

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:

Pamela Dallon

4-28-00 352 368-7941

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)