

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005845

1. Entity Name

DANCE OCALA, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90185 002 ****61.25

0078545

Principal Place of Business Mailing Address
1601 NE. 25TH AVENUE STE. 706 1105 N.E. 46TH CT.
OCALA FL 34470 Ocala FL 34470

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

Colvin, Pamela

Street Address (P.O. Box Number is Not Acceptable)

4572 SE 37TH CT

City

Ocala

FL

Zip Code

34480

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

Pamela Colvin - President

4-25-01

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	<input type="checkbox"/> Delete
NAME	MCCREIGHT, DEBBIE	
STREET ADDRESS	1105 N.E. 46TH COURT	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	D	<input type="checkbox"/> Delete
NAME	DALLON, PAMELA	
STREET ADDRESS	4572 SE 37TH COURT	
CITY-ST-ZIP	OCALA FL 34480	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MATTHEWS, SAM	
STREET ADDRESS	501 SW 96 LANE	
CITY-ST-ZIP	OCALA FL 34476	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, VICKIE	
STREET ADDRESS	2798 S.E. 41ST PLACE	
CITY-ST-ZIP	OCALA FL 34480	
TITLE	D	<input type="checkbox"/> Delete
NAME	REDA, JAMIE	
STREET ADDRESS	3704 S.E. 45TH PLACE	
CITY-ST-ZIP	OCALA FL 34480	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLVIN, PAMELA	
STREET ADDRESS	4572 SE 37TH CT	
CITY-ST-ZIP	OCALA, FL 34480	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, VICKIE	
STREET ADDRESS	2798 SE 41ST PL	
CITY-ST-ZIP	OCALA, FL 34480	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAURA SHURTER	
STREET ADDRESS	5105 SE 4ST	
CITY-ST-ZIP	OCALA FL 34471	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONICA SULLIVAN	
STREET ADDRESS	6460 SW 12 CT	
CITY-ST-ZIP	OCALA FL	

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 Colvin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01 (352) 368-7941

Date

Daytime Phone #

CR2E037 (10/00)