

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90157 028 ****61.25

DOCUMENT # N98000005845

1. Entity Name

DANCE OCALA, INC.

Principal Place of Business

Mailing Address

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

1105 N.E. 46TH CT.
 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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CALVIN, PAMELA~~
~~4572 SE 37TH CT~~
~~OCALA FL 34480~~

Matthews, Karen
501 SW 96 lane
Ocala, FL 34476

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

Karen E. Matthews

4.26.02

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 ☐ 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 ☒ Delete
 NAME ~~CALVIN, PAMELA~~
 STREET ADDRESS **4572 SE 37TH COURT**
 CITY-ST-ZIP **OCALA FL 34480**

TITLE ☒ Change ☐ Addition
 NAME **President**
 STREET ADDRESS **Matthews, Karen**
 CITY-ST-ZIP **501 SW 96 lane, Ocala, FL 34476**

TITLE ☐ Delete
 NAME ~~ANDERSON, VICKI~~
 STREET ADDRESS **2798 SE 41 ST PL**
 CITY-ST-ZIP **OCALA FL 34480**

TITLE ☒ Change ☐ Addition
 NAME **Anderson, Vicki**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **SHURTER, LAURA**
 STREET ADDRESS **5105 SE 4 ST**
 CITY-ST-ZIP **OCALA FL 34471**

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

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

TITLE ☒ Change ☐ Addition
 NAME **2nd Vice President**
 STREET ADDRESS **Morris, Mary**
 CITY-ST-ZIP **1624 SE 13th St, Ocala, FL 34471**

TITLE ☐ Delete
 NAME **SULLIVAN, MONICA**
 STREET ADDRESS **6460 SW 12 CT**
 CITY-ST-ZIP **OCALA FL**

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:

Karen E. Matthews

Karen E. Matthews

352/237.5940

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)