

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90044 031 \*\*\*\*61.25

**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**

**11026970**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3292029**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Karen E. Matthews*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-23-03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida 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 **P** ☐ Delete  
NAME **MATTHEWS, KAREN**  
STREET ADDRESS **501 SW 96 LANE**  
CITY-ST-ZIP **OCALA FL 34476**

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

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

TITLE ☒ Change ☐ Addition  
NAME **Secretary**  
STREET ADDRESS **Betty Matchett**  
CITY-ST-ZIP **10 Hickory Loop Way**  
**Ocala, FL 34472**

TITLE **D** ☐ 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 **2VP** ☐ Delete  
NAME **MORRIS, MARY**  
STREET ADDRESS **1624 SE 13TH ST.**  
CITY-ST-ZIP **OCALA FL 34471**

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

TITLE **D** ☐ 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**

CR2E037 (10/02)