

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90303 041 \*\*\*\*61.25

**DOCUMENT # N99000003853**

1. Entity Name

**PURE ENERGY DANCE PARENT TEACHER ORGANIZATION, I**

Principal Place of Business

**300 BUSINESS PARKWAY  
SUITE A  
ROYAL PALM BEACH FL 33411**

Mailing Address

**300 BUSINESS PARKWAY  
SUITE A  
ROYAL PALM BEACH FL 33411**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0880627**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WILSON, KAREN  
1502 18TH AVENUE NORTH  
LAKE WORTH FL 33460**

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 **WILSON, KAREN**  
STREET ADDRESS **1502 18TH AVE N.**  
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE **PD** ☐ Change ☒ Addition  
NAME **Donkin, Candis**  
STREET ADDRESS **16319 E. Edinburgh Dr.**  
CITY-ST-ZIP **Loxahatchee, FL 33470**

TITLE **TD** ☐ Delete  
NAME **TODD, ELLIE**  
STREET ADDRESS **300 BUSINESS PKY #9**  
CITY-ST-ZIP **WEST PALM BEACH FL 33411**

TITLE **TD** ☒ Change ☒ Addition  
NAME **Todd, Ellie**  
STREET ADDRESS **668 Cashiers Dr.**  
CITY-ST-ZIP **West Palm Beach, FL 33413**

TITLE **VP** ☐ Delete  
NAME **KURPA, MARIA**  
STREET ADDRESS **12298 SUNSET POINT**  
CITY-ST-ZIP **WELLINGTON FL 33414**

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

TITLE **SD** ☒ Delete  
NAME **VANASSCHE, CONNIE**  
STREET ADDRESS **242 ROYAL PALM BLVD.**  
CITY-ST-ZIP **WEST PALM BEACH FL 33411**

TITLE **SO** ☐ Change ☒ Addition  
NAME **Annette Derenzo**  
STREET ADDRESS **16684 71 Lane North**  
CITY-ST-ZIP **Loxahatchee, FL 33470**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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:

**CANDIS B. DONKIN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3 APR 01 561-795-9963**

Date Daytime Phone #

CR2E037 (10/00)