

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006263

1. Entity Name

THE FOOTLITES SR. DANCE TROUPE, INC.

**FILED**  
**Jan 31, 2000 8:00 am**  
**Secretary of State**

01-31-2000 90010 039 \*\*\*\*70.00

Principal Place of Business 783 NE DIXIE HWY RIO-JENSEN, JENSEN FL 34953	Mailing Address 783 NE DIXIE HWY RIO-JENSEN, JENSEN FL 34953
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip <b>34957</b> Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip <b>34957</b> Country
---	---

4. FEI Number <b>65-0948440</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**PINKNEY, PADRICK A**  
**145 NW CENTRAL PARK PLAZA STE 200**  
**PT ST LUCIE FL 34952**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>TANGO, MILDRED</b> <b>783 NE DIXIE HWY</b> <b>RIO-JENSEN, JENSEN FL 34953</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>THOMPSON, VIRGINIA</b> <b>783 NE DIXIE HWY</b> <b>RIO-JENSEN, JENSEN FL 34953</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>FRIEDMAN, LILA</b> <b>783 NE DIXIE HWY</b> <b>RIO-JENSEN, JENSEN FL 34953</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COTHRON, FRAN</b> <b>783 NE DIXIE HWY</b> <b>RIO-JENSEN, JENSEN FL 34953</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TARALLO, CAROL</b> <b>783 NE DIXIE HWY</b> <b>RIO-JENSEN, JENSEN FL 34953</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BLACHARD, SARAH</b> <b>783 NE DIXIE HWY</b> <b>RIO-JENSEN, JENSEN FL 34953</b>	<input checked="" type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>THOMPSON, VIRGINIA</b> <b>783 NE DIXIE HWY</b> <b>RIO-JENSEN, JENSEN FL 34953</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>ELIZABETH K. JONES</b> <b>783 NE DIXIE HWY</b> <b>RIO-JENSEN BEACH FL 34957</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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: MILDRED TANGO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 DATE: 0122-2000 DAYTIME PHONE #: 561-232-0520