

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000033203

1. Entity Name

DANCE MAGIC, INC.

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90300 034 ***158.75

Principal Place of Business * *Use this ADDRESS TO TEACH & SOME ACTIVITIES (floor time only)*
4901 E. SILVER SPRINGS BLVD. PO BOX 6002
SUITE 714 OCALA FL 34478

00013117



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

* 2929 N.E. 3RD STREET
Suite, Apt. #, etc. (CORP. OFC. & BOOK-KEEPING)

3. Mailing Address

Suite, Apt. #, etc. SAME AS ABOVE

City & State
OCALA FLORIDA

City & State

4. FEI Number

59-3636797

Applied For

Not Applicable

Zip
34470

Country
U.S.A.

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCMORROW, RICHARD D
2929 N.E. 3RD STREET
OCALA FL 34470

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
PRES., SEC'Y. & TREAS. RICHARD D. MCMORROW 2929 N.E. 3RD STREET OCALA, FLORIDA 34470
NEVER CHANGED SHOULD BE LISTED #11.

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard D. Mc Morrow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-25-01

Date

(352) 690-1970

Daytime Phone #

CR2E034 (10/00)