

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Oct 02, 2002 8:00 am**  
**Secretary of State**

10-02-2002 90119 008 \*\*\*550.00

**DOCUMENT # P01000073671**

1. Entity Name

**GATOR CLASSIC DANCESPORT, INC.**

Principal Place of Business

296 ISLAND CIR.  
 SARASOTA FL 34242

Mailing Address

296 ISLAND CIR.  
 SARASOTA FL 34242

2. Principal Place of Business

6801 Erica Lane  
 Suite, Apt. #, etc.

3. Mailing Address

6801 Erica Lane  
 Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

Sarasota FL 34241

4. FEI Number

651125468

Applied For

Not Applicable

Zip  
 34241

Country

Zip  
 34241

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, LAURA  
 296 ISLAND CIR.  
 SARASOTA FL 34242

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

6801 Erica Lane

City

Sarasota

FL

Zip Code  
 34241

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 *Laura Johnson*

(NOTE: Registered Agent signature required when reinstating)

9-25-02

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 ☐ Delete  
 NAME JOHNSON, LAURA  
 STREET ADDRESS 296 ISLAND CIR. 6801 Erica Lane  
 CITY-ST-ZIP SARASOTA FL 34242 Sarasota FL 34241

TITLE ☐ Delete  
 NAME JOHNSON, PATRICK  
 STREET ADDRESS 296 ISLAND CIR. 6801 Erica Lane  
 CITY-ST-ZIP SARASOTA FL 34242 Sarasota FL 34241

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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: *Laura Johnson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-25-02 941-925-4655  
 Date Daytime Phone #

CR2E034 (4/02)