

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90213 037 \*\*\*150.00

DOCUMENT # P02000032147

1. Entity Name  
SUNSHINE STATE DANCESPORT MANAGEMENT, INC.



Principal Place of Business  
2130 SOUTHEAST 10TH TERRACE  
CAPE CORAL FL 33990

Mailing Address  
2130 SOUTHEAST 10TH TERRACE  
CAPE CORAL FL 33990



2. Principal Place of Business  
13050 A 91<sup>st</sup> Street N

3. Mailing Address  
13050 A 91<sup>st</sup> Street N

Suite, Apt. #, etc.  
L

Suite, Apt. #, etc.

City & State  
Largo, FL

City & State  
Largo

Zip Country  
33773

Zip Country  
FL 33773

4. FEI Number  
04-3630015

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145

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

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 \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE PD  
NAME REICHENBACH, MICHAEL S ☐ Delete  
STREET ADDRESS 2130 SOUTHEAST 10TH TERRACE  
CITY-ST-ZIP CAPE CORAL FL 33990

TITLE VD  
NAME TROY, PATRICIA A ☐ Delete  
STREET ADDRESS 2130 SOUTHEAST 10TH TERRACE  
CITY-ST-ZIP CAPE CORAL FL 33990

TITLE STD  
NAME REICHENBACH, DONNA J ☐ Delete  
STREET ADDRESS 2130 SOUTHEAST 10TH TERRACE  
CITY-ST-ZIP CAPE CORAL FL 33990

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE (SAME) ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 13050 A 91<sup>st</sup> Street  
CITY-ST-ZIP Largo, FL 33773

TITLE (SAME) ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4155 Abbottsford Street  
CITY-ST-ZIP North Port, FL 34287

TITLE (SAME) ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 13050 A 91<sup>st</sup> Street  
CITY-ST-ZIP Largo, FL 33773

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

TITLE ☐ Change ☐ Addition  
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 607, 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: Michael S. Reichenbach 2/4/03 727-596-1601  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)