

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P94000048075**

1. Entity Name

**REBECCA'S SCHOOL OF DANCE, INC.**

1 (R)

**FILED**  
**Aug 11, 2000 8:00 am**  
**Secretary of State**

08-11-2000 90001 003 \*\*\*150.00

Principal Place of Business

**2083 RIVER ROAD  
SNEADS FL 32460**

Mailing Address

**PO BOX 767  
SNEADS FL 32460**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **59-3250210**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

**PARMER, REBECCA B  
2083 RIVER ROAD  
SNEADS FL 32460**

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **PARMER, REBECCA B**  
STREET ADDRESS **2083 RIVER RD**  
CITY-ST-ZIP **SNEADS FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
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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 an other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

Attn: Sean Toner  
To Whom It May Concern,

8/7/00

Doc # PG4000048075  
D0078198

Please excuse the delay of this  
follow-up (out-of-town).

As per my telephone conversation on  
7/14/00 with John (Dir of Corp) please accept  
this late payment due to not receiving the  
Original Notice report.

Thanking you in advance Always  
for your help regarding this matter

P. Lencer  
Leeco - L. Farmer, President  
Leeco's School of Dance