

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000043196

1. Entity Name

SEMINOLE GYMNASTICS AND DANCE ACADEMY, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90060 028 ***150.00

Principal Place of Business: 7633 131ST ST N
SEMINOLE FL 33776

Mailing Address: 7633 131ST ST N
SEMINOLE FL 33776-4012

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: 59-3320493
Applied: ☐ Not: ☐

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ZIMMERMAN, CHRISTINE
15606 GULF BLVD
REDINGTON BEACH FL 33708

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] DATE: [Date]
Signature typed or printed name of registered agent and the agent's address. (NOTE: Registered Agent's signature required when filing statement.)

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Added to Fee

11. OFFICERS AND DIRECTORS			12. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1999		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Add
NAME	ZIMMERMAN, CHRISTINE		NAME		
STREET ADDRESS	15606 GULF BLVD		STREET ADDRESS		
CITY- ST- ZIP	REDINGTON BEACH FL 33708		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			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 provided on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made, signed, and sworn to by me as 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, as required, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] Christine Zimmerman Date 4/28/00
Signature typed or printed name of signing officer or director