

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

0304759 AV

DOCUMENT # P96000034282

1. Entity Name
DANCING BEAR GROUP, INC.

02-28-2002 90045 039 ***150.00

Principal Place of Business
110 E. BROWARD BLVD.
FT. LAUDERDALE FL 33301
US

Mailing Address
110 E. BROWARD BLVD.
FT. LAUDERDALE FL 33301
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0660648**

Applied For
 Not Applicable

Zip Country

Zip Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SMITH, DENNIS D
110 S.E. 6TH ST.
28TH FLOOR
FT. LAUDERDALE FL 33301

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 _____ (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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **EGAN, MICHAEL S**
 STREET ADDRESS **110 E. BROWARD BLVD**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

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

TITLE **PT** ☐ Delete
 NAME **ALLEN, CELESTE**
 STREET ADDRESS **110 EST BROWARD BLVD**
 CITY-ST-ZIP **FT LAUDERDALE FL 33301**

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

TITLE **D** ☒ Delete
 NAME **ARTHUR, ROSALIE**
 STREET ADDRESS **110 E. BROWARD BLVD**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

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

TITLE **D** ☐ Delete
 NAME **KELLY, WILLIAM H JR**
 STREET ADDRESS **55 E. MONROE ST. #4620**
 CITY-ST-ZIP **CHICAGO IL 60603**

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

TITLE **S** ☐ Delete
 NAME **TRIPP, NORMAN D.**
 STREET ADDRESS **110 SE 6TH STREET**
 CITY-ST-ZIP **FT. LAUDERDALE FL**

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

TITLE ☐ Delete
 NAME
 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: _____

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Celeste V. Allen

2/5/02 954-522-1440
 Date Daytime Phone #

CR2E034 (9/01)