

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000060062

1. Entity Name

JULIA'S SCHOOL OF DANCE, INC.

Principal Place of Business

1750-W-BROADWAY-SUITE 108
OVEIDO FL 32765

Mailing Address

1750-W-BROADWAY SUITE 108
OVEIDO FL 32765

2. Principal Place of Business

69 North Division Street

Suite, Apt. #, etc.

3. Mailing Address

69 North Division Street

Suite, Apt. #, etc.

City & State

Oviedo, FL

City & State

Oviedo, FL

4. FEI Number

59-3405855

Applied For

Not Applicable

Zip

32765

Country

Zip

32765

Country

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

6. Name and Address of Current Registered Agent

O'CONNOR, JULIA A
1750-W-BROADWAY SUITE 108
OVEIDO FL 32765

7. Name and Address of New Registered Agent

Name

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

69 North Division Street

City

Oviedo

FL

Zip Code
32765

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 \$150.00
After MAY 1, 2001 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

TITLE ☐ Delete
NAME D
O'CONNOR, JULIA A
STREET ADDRESS 1750-W-BROADWAY SUITE 108
CITY-ST-ZIP OVEIDO FL 32765

TITLE ☐ Delete
NAME D
O'CONNOR, PATRICK E
STREET ADDRESS 1750-W-BROADWAY SUITE 108
CITY-ST-ZIP OVEIDO FL 32765

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 69 North Division Street
CITY-ST-ZIP Oviedo, FL 32765

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 69 North Division Street
CITY-ST-ZIP Oviedo, FL 32765

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

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:

Julia A. O'Connor Julia A. O'Connor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/01

Date

407-365-5531

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)