

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000044244

1. Entity Name

GOTTA DANCE, INC.

Principal Place of Business

5211 -A SW 91ST TERRACE
GAINESVILLE FL 32608

Mailing Address

5211 -A SW 91ST TERRACE
GAINESVILLE FL 32608-9100

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3453363

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAUGHERTY, CHRISTY M
4408 SW 105 DRIVE
GAINESVILLE FL 32608

7. Name and Address of New Registered Agent

Name

Christy M. Daugherty

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

9604 SW 35th Lane

Gainesville,

City

FL

Zip Code
32608

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.

Christy M. Daugherty

April

4/20/2000

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, 2000 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	DV	<input type="checkbox"/> Delete
NAME	DAUGHERTY, HARRY H JR.	
STREET ADDRESS	4408 SW 105 DRIVE	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	DPST	<input type="checkbox"/> Delete
NAME	DAUGHERTY, CHRISTY M	
STREET ADDRESS	4408 SW 105 DRIVE	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9604 SW 35th Lane	
CITY-ST-ZIP	Gainesville, FL 32608	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9604 SW 35th Lane	
CITY-ST-ZIP	Gainesville, FL 32608	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Christy M. Daugherty

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 20, 2000

Date

352-335-7785

Daytime Phone #



DO NOT WRITE IN THIS SPACE