

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000108211

1. Entity Name

CLERMONT ACADEMY OF DANCE, INC.

FILED

Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90172 049 ***150.00

Principal Place of Business

Mailing Address

335 NORTH HWY 27
CLERMONT FL 34711

335 NORTH HWY 27
CLERMONT FL 34711-2440

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3491098

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

SAWYER, TRACY
11233 WINDSONG CT.
CLERMONT FL 34711

Name

Jamie Porter

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

817 Maple Forest Ave.

City

Clermont

FL

Zip Code

34711

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

TRACY SAWYER - Macy Sawyer

4-5-2000

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SAWYER, TRACY	
STREET ADDRESS	111 N. LAKESHORE DR.	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	D	<input type="checkbox"/> Delete
NAME	PORTER, JAMIE	
STREET ADDRESS	111 N. LAKESHORE DR.	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WALTERS, MELISSA	
STREET ADDRESS	13848 4TH ST. #208	
CITY-ST-ZIP	DADE CITY FL 33525	
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		

TITLE	SAWYER, TRACY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11233 WINDSONG CT	
STREET ADDRESS	Clermont FL 34711	
CITY-ST-ZIP		
TITLE	Porter, Jamie	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	817 Maple Forest Ave	
STREET ADDRESS	Clermont, FL 34711	
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		
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:

Macy A Sawyer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/2000

Date

352 394 3509

Daytime Phone #