## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900045277  1. Entity Name  DANCE TONIGHT OF PORT RICHEY, INC.					FILED Apr 19, 2000 8:00 am Secretary of State 04-19-2000 90025 048 ***150.00			
Principal Place	e of Business	Mailing Address		·	04-19-2000 9	'0025 048 *	**150.0C	,
931 EAST KLOSTERMAN ROAD TARPON SPRINGS FL 34689 931 EAST KLOSTERMAN ROAD TARPON SPRINGS FL 34689-3916			16					
2. Principal Place of Business 6474 R1066 RD. Suite, Apt. #, etc.		3. Mailing Address  1969 Sunset Pt Rd.  Suite, Apt. #, etc.  #/2		<u>.</u>	DO NOT WRITE IN THIS SPACE			
PORT RICHEY, 122.		City & State CLEARWATER, FL		4. !	FEI Number 35765	 61		plied For t Applicable
34668	Country USA		Country	5. (	Certificate of Status Desired	<u> </u>	B.75 Addi	
J 1000	6. Name and Address of Current F		Name	7. 1	Name and Address of New I	Registered Ag	ent	
GERMINO, MICHAEL 931 EAST KLOSTERMAN ROAD TARPON SPRINGS FL 34689				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, typed or printed name of registered agent a	nd title if applicable. (NOTE: Regi	istered Agent signatur	re required when re	einstating)	DATE		
	ration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOW!!! F After MAY 1, 2000 F Make Check Payable to	ee will be \$5	50.00	10. Election Campaign Fi Trust Fund Contribution			May Be to Fees
11,	OFFICERS AND I		12.	ΑĐ	DITIONS/CHANGES TO OF			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST WRIGHT, BARRY T 931 EAST KLOSTERMAN ROAD TARPON SPRINGS FL 34689	_ 3333	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1969 CLE	SUNGET PT.	•	Change +12	Addition     Addition
TITLE NAME STREET ADDRESS	D WRIGHT, BARRY T 931 EAST KLOSTERMAN ROAD		TITLE NAME STREET ADDRESS CITY-ST-ZIP		SUNSET P CARWATER, P	Ţ	Change	☐ Addition
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	TARPON SPRINGS FL 34889	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>	ALWHIEGE	<u>L. 55</u>	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		_ 5000	TITLE NAME STREET ADDRESS CITY-ST-ZIP		, -		Change	☐ Addition
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: Barn T. Wright BARRY T. WRIGHT 4-12-00 445-9755  SIGNATURE & BARRY T. WRIGHT BARE OF BUSINES OFFICER OR DIRECTOR  Date Daytime Phone #								