

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067568

1. Entity Name

GOTTA DANCE KIDS, INC.

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90012 018 ***550.00

Principal Place of Business

Mailing Address

1941 S. ALAFAYA TRAIL
ORLANDO FL 32828

C/O JACKIE KURTZ 9279 TELFER RUN
ORLANDO FL 32717

AVU06483

2. Principal Place of Business

1937 S. ALAFAYA TR.

Suite, Apt. #, etc.

3. Mailing Address

443 SILVER DEW ST

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ORLANDO, FL

City & State

LAKE MARY, FL

4. FEI Number

59-3589552

Applied For

Not Applicable

Zip

Country

32828

US

Zip

Country

32746

US

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

OLIVER, DAVID S ESQ.
111 N. ORANGE AVE., STE. 2050
ORLANDO FL 32801

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

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 NAME JACKIE KURTZ ☒ Delete
STREET ADDRESS 9279 TELFER RUN
CITY-ST-ZIP ORLANDO, FL 32817

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

TITLE NAME WILLIAM KURTZ ☒ Delete
STREET ADDRESS 9279 TELFER RUN
CITY-ST-ZIP ORLANDO, FL 32817

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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: JACKIE KURTZ, JR. (Sec-Treas) 8-1-00 (407) 302-6394
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)