

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000080089

1. Entity Name

BUDDY SHERWOOD'S SCHOOL OF DANCE, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90008 039 ***150.00

Principal Place of Business

Mailing Address

2490 QUAIL AVE
JACKSONVILLE FL 32218

2490 QUAIL AVE
JACKSONVILLE FL 32218-5121

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

59-2153765

Applied For

Not Applicable

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

SHERWOOD, ANN

RR 4, BOX 502

INTERLACHEN FL 32048

*New Address
only*
→

Name

(SAME)

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

111 SASSO DRIVE

City

INTERLACHEN

FL

Zip Code

32148

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.

(X) *Rebecca Ann Sherwood*

(X) 3-20-00

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	PD	☐ Delete
NAME	SHERWOOD, ANN	
STREET ADDRESS	RR 4, BOX 502E	
CITY-ST-ZIP	INTERLACHEN FL 32048	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		☐ Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
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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:

Rebecca Ann Sherwood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-00

Date

Daytime Phone #

CR2E034 (9/99)