

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 712284

1. Entity Name

STUART-FORT PIERCE KENNEL CLUB, INC.

Principal Place of Business

1756 42ND AVE.
VERO BEACH FL 32960-2563

Mailing Address

1756 42ND AVE.
VERO BEACH FL 32960-2563

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

59-6160637

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

SOULE, JOSEPHINE
1756 42ND AVENUE
VERO BEACH FL 32960

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

1. FILE NOW:
2-FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME PRICE, PAMELA
STREET ADDRESS 497 22ND PLACE
CITY-ST-ZIP VERO BCH FL

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

TITLE S ☐ Delete
NAME STEBBINS, BARBARA
STREET ADDRESS 2271 S.W. ALMANSA AVE
CITY-ST-ZIP PT ST LUCIE FL 34953

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

TITLE D ☐ Delete
NAME KOTZEN, MARY
STREET ADDRESS 370 NW TYLER AVE
CITY-ST-ZIP PT ST LUCIE FL

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

TITLE D ☐ Delete
NAME SALES, RANDALL
STREET ADDRESS 1166 28TH ST
CITY-ST-ZIP VERO BEACH FL

TITLE President ☒ Change ☐ Addition
NAME
STREET ADDRESS 866 35th Ave
CITY-ST-ZIP Vero Beach FL 32960

TITLE D ☐ Delete
NAME KUMAS, DEBORAH
STREET ADDRESS 2302 SE SHIPPING RD
CITY-ST-ZIP PT ST LUCIE FL 34952

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

TITLE T ☐ Delete
NAME SOULE, JO
STREET ADDRESS 1756 42ND AVE
CITY-ST-ZIP VERO BCH FL

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)