2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State
03-13-2002 90140 018 ****61.25

DOCUMENT # 712284

1. Entity Name

STUART-FORT PIERCE KENNEL CLUB, INC.

Principal Place of Business	Mailing Address
1756 42ND AVE. VERO BEACH FL 32960-2563	1756 42ND AVE. VERO BEACH FL 32960-2563

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
246 NE GRANDEUR AVE Suite, Apt. #, etc.	246 NE GRANDEUR AVE. Suite, Apt. #, etc.
City & State: Pt. St. Lucie FL	City & State: Pt. St. Lucie FL
Zip: 34983 Country: St. Lucie	Zip: 34983 Country: St. Lucie

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

SOULE, JOSEPHINE
1756 42ND AVENUE
VERO BEACH FL 32960

7. Name and Address of New Registered Agent

Name: CAROL SACCHETTI
Street Address (P.O. Box Number is Not Acceptable): 246 NE GRANDEUR AVE.
City: Pt. St. Lucie, FL Zip Code: 34983

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: Carol Sacchetti CAROL SACCHETTI 2-28-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRICE, PAMELA 497 22ND PLACE VERO BCH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S STEBBINS, BARBARA 2271 S.W. ALMANSA AVE PT ST LUCIE FL 34953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOTZEN, MARY 370 NW TYLER AVE PT ST LUCIE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SALES, RANDALL 1166 28TH ST VERO BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KUMAS, DEBORAH 2302 SE SHIPPING RD PT ST LUCIE FL 34952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SOULE, JO 1756 42ND AVE VERO BCH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CAROL SACCHETTI 246 NE GRANDEUR AVE. Pt. St. LUCIE, FL 34983 ☑ Change ☐ Addition

CR2E037 (9/01)

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: Carol Sacchetti 2-28-02 561-461-4660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #