

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90032 050 \*\*\*\*61.25

**DOCUMENT # 712696**

1. Entity Name

**FLORIDA GULF COAST DACHSHUND, INC.**

Principal Place of Business

Mailing Address

**FLORIDA GULF COAST DACHSHUND CLUB INC  
 2705 NORWOOD LANE  
 VENICE FL 34292**

**FLORIDA GULF COAST DACHSHUND CLUB INC  
 2705 NORWOOD LANE  
 VENICE FL 34292-2414**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1734632**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CASTORAL, MARY  
 2705 NORWOOD LANE  
 VENICE FL 34292**

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 \_\_\_\_\_

**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>STOLZ, DAN</b>	
STREET ADDRESS	<b>1184 MARY JANE LANE</b>	
CITY-ST-ZIP	<b>DUNEDIN FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>PAULE, HELGA</b>	
STREET ADDRESS	<b>10395 SAN MARTIN BLVD.</b>	
CITY-ST-ZIP	<b>ST. PETERSBURGH FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>BITTLE, BARBARA</b>	
STREET ADDRESS	<b>9355 BOOTS ST.</b>	
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MCCLEAN, MARGARET</b>	
STREET ADDRESS	<b>34024 CHANCEY RD</b>	
CITY-ST-ZIP	<b>ZEPHRHILLS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MCCALLISTER, ED</b>	
STREET ADDRESS	<b>1380 POUNCE DE LEON BLVD.</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DUBITSKY, BARBARA</b>	
STREET ADDRESS	<b>7345 PINE NEEDLE RD</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 the empowered.

**SIGNATURE:** *Mary Castoral* **Mary Castoral** **941-488-6165**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)