


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90104 041 ****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**

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

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MCCALLISTER, ED	
STREET ADDRESS	1380 PONCE DE LEON BLVD	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	HELGA, PAULE	
STREET ADDRESS	10395 SAN MARTIN BLVD.	
CITY-ST-ZIP	ST. PETERSBURGH FL	
TITLE	RC	<input checked="" type="checkbox"/> Delete
NAME	WITT, CAROL	
STREET ADDRESS	6001 LEONA ST.	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCCLEAN, MARGARET	
STREET ADDRESS	34024 CHANCEY RD	
CITY-ST-ZIP	ZEPHRHILLS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASTORAI, MARY	
STREET ADDRESS	2705 NORWOOD LANE	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUBITSKY, BARBARA	
STREET ADDRESS	7345 PINE NEEDLE RD	
CITY-ST-ZIP	SARASOTA FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE	R.C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEANNE CARDILLO	
STREET ADDRESS	115 SUNNY SIDE DR.	
CITY-ST-ZIP	VENICE, FL. 34292	
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		

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: *Mary Castoral* 3-25-03 941-488-6165

CR2E037 (10/02)