

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90016 020 ****61.25

DOCUMENT # 714515

1. Entity Name

SHETLAND SHEEPDOG CLUB OF SOUTHEAST FLORIDA, INC

Principal Place of Business

Mailing Address

8360 RUNFORD DRIVE
 BOYNTON BEACH FL 33437
 US

8360 RUNFORD DRIVE
 BOYNTON BEACH FL 33437-2723
 US

00000101



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6195023

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

CLARK, CHRISTY
8360 RUNFORD DRIVE
BOYNTON BEACH FL 33437

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 _____ 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	T	<input type="checkbox"/> Delete
NAME	CLARK, CHRISTY	
STREET ADDRESS	8360 RUNFORD DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LANNON, FRANK	
STREET ADDRESS	449 SAN FERNANDO DRIVE	
CITY-ST-ZIP	PALM SPRINGS FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	KESSLER, COLLEEN	
STREET ADDRESS	991 SW 31ST STREET	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	PRITCHARD, DIONE	
STREET ADDRESS	2430 BRICKELL AVE. #108A	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ZARYCZNY, PAUL	
STREET ADDRESS	2600 NE 18TH STREET	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HOUCHINS, JENNIFER	
STREET ADDRESS	17941 SW 50TH COURT	
CITY-ST-ZIP	FT LAUDERDALE FL	

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lannon, Frank	
STREET ADDRESS	449 San Fernando Drive	
CITY-ST-ZIP	Palm Springs, FL 33461	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Houchins, Jennifer	
STREET ADDRESS	17941 SW 50th Court	
CITY-ST-ZIP	Ft Lauderdale, FL 33331	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Clark, Christy	
STREET ADDRESS	8360 Runford Drive	
CITY-ST-ZIP	Boynton Beach, FL 33437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas, Jana	
STREET ADDRESS	8831 NW 14th St	
CITY-ST-ZIP	Pembroke Pines, FL 33024	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hector, Hector (Director)	
STREET ADDRESS	5711 SW 42nd St	
CITY-ST-ZIP	Miami, FL 33155	
TITLE	Kessler, Colleen (Director)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	991 SW 31st Street	
STREET ADDRESS	Ft Lauderdale, FL 33315	
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/2000 954-714-2249

Date Daytime Phone #

CR2E037 (9/99)