

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90172 027 ****61.25

DOCUMENT # 730711

1. Entity Name

WEST VOLUSIA KENNEL CLUB, INC.

Principal Place of Business

Mailing Address

P.O. BOX 1723
 DELAND FL 32721-1723
 US

P.O. BOX 1723
 DELAND FL 32721-1723
 US

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

59-1676018

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NACHMAN, DIANE R
1907 LONG POND DR
LONGWOOD FL 32779

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 Delete
 NAME **PD TRIER, DON**
 STREET ADDRESS **1431 LARKIN COURT**
 CITY-ST-ZIP **DELTONA FL 32725**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **V BLOMQUIST, MARJ**
 STREET ADDRESS **1725 ARRENDONDO GRANT ROAD**
 CITY-ST-ZIP **DELEON SPRINGS FL 32130**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S CUTLIP, SHARI**
 STREET ADDRESS **135 NORTH ST**
 CITY-ST-ZIP **LAKE HELEN FL 32744**

TITLE Change Addition
 NAME **S CUTLIP, SHARI**
 STREET ADDRESS **995 MCKENZIE RD**
 CITY-ST-ZIP **LAKE HELEN FL 32744**

TITLE Delete
 NAME **T NACHMAN, DIANE R**
 STREET ADDRESS **1907 LONG POND DR**
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D HINTON, GORDON**
 STREET ADDRESS **613 PEMBERTON AVENUE**
 CITY-ST-ZIP **DELTONA FL 32738**

TITLE Change Addition
 NAME **D HINTON, GORDON**
 STREET ADDRESS **1761 SANTEE AVE**
 CITY-ST-ZIP **DELTONA FL 32738**

TITLE Delete
 NAME **D BEARER, CHERYL**
 STREET ADDRESS **3140 NOAN COURT**
 CITY-ST-ZIP **DELTONA FL 32738**

TITLE Change Addition
 NAME **D NEWTON, JERRY**
 STREET ADDRESS **45250 DOGWOOD AVE**
 CITY-ST-ZIP **DELAND, FL 32720**

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: *DIANE R NACHMAN* Treasurer 1/9/00 (407)645-5933
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)