


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

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90643 008 ****61.25

DOCUMENT # 744431

1. Entity Name
DOG OBEDIENCE CLUB OF HOLLYWOOD, INC.



Principal Place of Business Mailing Address

**6591 SW 45 ST
DAVIE FL 33314
US** **D.O. C.O.H.
P.O. BOX 290505
DAVIE FL 33329**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-0182722** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NUNEZ, ARLENE
3230 S.W. 121ST AVENUE
DAVIE FL 33325**

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	PD	<input type="checkbox"/> Delete
NAME	ORTIZ-DAVIS, IRAIDA	
STREET ADDRESS	2893 S EDGEHILL LANE	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAROLD, DOAN	
STREET ADDRESS	6719 SEGOVIA CIR WEST	
CITY-ST-ZIP	FORT LAUDERDALE FL 33331	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	SANTARONE, STACY	
STREET ADDRESS	5001 ARTHUR ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DEASON, JENNY	
STREET ADDRESS	4850 B MARINERS WAY	
CITY-ST-ZIP	COCONUT CREEK FL 33063	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEERING, LYNN	
STREET ADDRESS	6143 S.W. 4TH STREET	
CITY-ST-ZIP	MARGATE FL 33068	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GODINA, CAROL	
STREET ADDRESS	1513 S.W. FIFTH COURT	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	

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	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joann Smith	
STREET ADDRESS	3661 W-FORGE RD.	
CITY-ST-ZIP	DAVIE, FL 33328	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jana Thomas	
STREET ADDRESS	8931 NW 14 ST.	
CITY-ST-ZIP	Pembroke Pines, FL 33024	
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: *SIGNATURE REQUIRED* 4/14/03 954-436-6557

CR2E037 (10/02)