

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756278

1. Entity Name

DOBERMAN RESCUE CONCERN, INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90001 001 ****61.25

Principal Place of Business 8023 WEST LAKE DRIVE WEST PALM BEACH FL 33406	Mailing Address 8023 WEST LAKE DRIVE WEST PALM BEACH FL 33406-8630
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-2340103	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARMSTRONG, NANCY
 8023 WEST LAKE DRIVE
 WEST PALM BEACH FL 33406

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ARMSTRONG, NANCY	
STREET ADDRESS	8023 WEST LAKE DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	VS, D	<input type="checkbox"/> Delete
NAME	COFFMAN, SUSAN	
STREET ADDRESS	11409 EAGLES NEST DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ZABKIEWICZ, JAN	
STREET ADDRESS	737 ILEX COURT	
CITY-ST-ZIP	LAKE PARK FL 33403	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURDICK, SY	
STREET ADDRESS	1110 N. OLIVE AVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	STECHTSCHULTE, THEODORE DR	
STREET ADDRESS	2861 S. CONGRESS AVE	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joan Russo	
STREET ADDRESS	441 West Tropical Way	
CITY-ST-ZIP	Plantation, Florida- 33317	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Birdie Johnson	
STREET ADDRESS	5320 S. Romans Ave.	
CITY-ST-ZIP	Inverness, fl. 34452	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vikki Holmquist	
STREET ADDRESS	3553 NW 26th Ct.	
CITY-ST-ZIP	Boca Raton, FL. 33434	
TITLE		<input type="checkbox"/> Change <input checked="" 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: Nancy Armstrong NANCY ARMSTRONG 1/7/00 659-1828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)