

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2002 8:00 am
Secretary of State

03-05-2002 90066 018 ****61.25

DOCUMENT # 770285

1. Entity Name

DOBERMAN PINSCHER CLUB OF FLORIDA, INC.

200 19



DO NOT WRITE IN THIS SPACE

Principal Place of Business

% MARJORIE W. VEERKAMP
741 S.W. 71 AVENUE
PEMBROKE PINES FL 33023

Mailing Address

% MARJORIE W. VEERKAMP
741 S.W. 71 AVENUE
PEMBROKE PINES FL 33023

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

94-3015138

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VEERKAMP, MARJORIE W.
741 S.W. 71 AVENUE
PEMBROKE PINES FL 33023

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

Marjorie W. Veerkamp

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/7/2002

DATE

After September 13, 2002,
 min. will be \$236.25.

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

TITLE	D	<input type="checkbox"/> Delete
NAME	VEERKAMP, MARJORIE W.	
STREET ADDRESS	741 SW 71 AVE.	
CITY-ST-ZIP	PEMBROKE PINES FL 33023	
TITLE	D	<input type="checkbox"/> Delete
NAME	KENNEDY, JEAN	
STREET ADDRESS	1585 NE 128 STREET	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE	RP	<input type="checkbox"/> Delete
NAME	ROCHE, LYNN	
STREET ADDRESS	225 CITRUS TRAIL	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	D	<input type="checkbox"/> Delete
NAME	KING, JUDY	
STREET ADDRESS	1157 NW 30 STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FIELD, JEAN	
STREET ADDRESS	535 N. BISCAYNE RD. DR.	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	PATRICK, RITA	
STREET ADDRESS	5512 GARFIELD STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33021	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONNA BLACKBURN	
STREET ADDRESS	19810 NE 12 AVE	
CITY-ST-ZIP	NM BEACH FL 33179	
TITLE	CS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETTY AMEROLA	
STREET ADDRESS	9741 SW 162 ST	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	RS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDA PERRY	
STREET ADDRESS	5400 NW 38 DR	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
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:

Marjorie W. Veerkamp

7/7/2002

954-441-2972

CR2E037 (4/02)

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770285

1. Entity Name

DOBERMAN PINSCHER CLUB OF FLORIDA, INC.

Attachment
38579

Principal Place of Business

% MARJORIE W. VEERKAMP
741 S.W. 71 AVENUE
PEMBROKE PINES FL 33023

Mailing Address

% MARJORIE W. VEERKAMP
741 S.W. 71 AVENUE
PEMBROKE PINES FL 33023

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

94-3015138

Applied For

Not Applicable

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

VEERKAMP, MARJORIE W.
741 S.W. 71 AVENUE
PEMBROKE PINES FL 33023

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	P	<input checked="" type="checkbox"/> Delete
NAME	VEERKAMP, MARJORIE W.	
STREET ADDRESS	741 SW 71 AVE.	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KENNEDY, JEAN	
STREET ADDRESS	1585 NE 128 STREET	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ROCHE, LYNN	
STREET ADDRESS	225 CITRUS TRAIL	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KING, JUDY	
STREET ADDRESS	1157 NW 30 STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FIELD, JEAN	
STREET ADDRESS	535 N. BISCAYNE RD. DR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	PATRICK, RITA	
STREET ADDRESS	5512 GARFIELD STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33021	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lynn Roche	
STREET ADDRESS	225 Citrus Trail	
CITY-ST-ZIP	Boynton Beach FL 33436	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Norma Blackburn	
STREET ADDRESS	019810 NE 12 Ave	
CITY-ST-ZIP	N. M. Beach FL	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	R.S. Linda Perry	
STREET ADDRESS	05400 NW 53 Dr	
CITY-ST-ZIP	Coconut Creek 33073 Fla	
TITLE	CS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Betty Amegle	
STREET ADDRESS	D 9741 SW 162 St	
CITY-ST-ZIP	Miami Fla. 33157	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jean Field	
STREET ADDRESS	535 N. Biscayne Rd Dr	
CITY-ST-ZIP	Miami Fla 33169	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARJORIE VEERKAMP	
STREET ADDRESS	741 SW 71 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33023	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Rita Patrick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-02 305-945-4325

Date

Daytime Phone #

CR2E037 (9/01)