## 2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 770285** 1. Entity Name DORERMAN PINSCHER CLUB OF FLORIDA INC

FILED
Jul 11, 2002 8:00 am
Secretary of State
03-05-2002 90066 018 \*\*\*\*61.25

	MAIN FINSONER GLOD OF TEORI			$\mathcal{N}$					
% MARJORIE W. VEERKAMP % M 741 S.W. 71 AVENUE 741 PEMBROKE PINES FL 33023 PEM		Mailing Address							
		% MARJORIE W. VEERKAMP 741 S.W. 71 AVENUE PEMBROKE PINES FL 33023 3. Mailing Address			205 17				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Number	1.0045400	I A	pplied For	
Zip Country		Zip	Country	<b>94-3015138 5.</b> Certificate of Status Desired			<b>\$8.75</b> Ad		
					Fee Required      Name and Address of New Registered Agent				
	6. Name and Address of Current Reg	Istered Agent	Name		7. Name and Add	ess of New Negistered /	- Agent		
VEERKAM	Street Address (P.O. Box Number is Not Acceptable)								
	71 AVENUE								
PEMBRUK	E PINES FL 33023		City			FL	Zip Coc	le	
	named entity submits this statement for the	purpose of changing its re	egistered office or r	registered	d agent, or both, in	the State of Florida. I am	familiar with	and accept	
the obligat	ions of registered agent.							•	
SIGNATURE .	marining W. Week	Punse				7/-7	1200	دے_	
0.0.0.0.0.0.	Signature, typed or printed name of registered agent and tit	le if applicable. (NOTE:	Registered Agent signature	re required wh	hen reinstating)	DATE			
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After September 13, 2002, min. will be \$236.25.		9. Election Campaign Financing Trust Fund Contribution.							
•					55.00 May Be Added to Fees	Make Checl Departme			
10.	min. will be \$236.25.  OFFICERS AND DIRECT	Trust Fund Co	ontribution. [	AD	Added to Fees  DDITIONS/CHANGE	Departme S TO OFFICERS AND DI	nt of State	<b>e</b> V 10	
10.	officers and direct	Trust Fund Co	11.	A⊡ A□	DDITIONS/CHANGE	Departments TO OFFICERS AND DIE	nt of State	8	
10. TITLE NAME	OFFICERS AND DIRECT OFFICERS AND DIRECT VEERKAMP, MARJORIE W.	Trust Fund Co	11.	- AD	DDITIONS/CHANGE	Departments TO OFFICERS AND DIE	nt of State	<b>e</b> V 10	
10.	officers and direct  OFFICERS AND DIRECT  VEERKAMP, MARJORIE W.  741 SW 71 AVE.	Trust Fund Co	11. TITLE NAME	A A A A A A A A A A A A A A A A A A A	DDITIONS/CHANGE  ANN A BL  19810 NE I	Departments to officers and difference and differen	nt of State	<b>e</b> V 10	
10. TITLE NAME STREET ADDRESS	OFFICERS AND DIRECT OFFICERS AND DIRECT VEERKAMP, MARJORIE W.	Trust Fund Co	ntribution.   11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	A A A A A A A A A A A A A A A A A A A	DDITIONS/CHANGE  ANN A BL  19810 NE I	Departments to officers and difference and differen	nt of State	<b>e</b> V 10	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MIN. WILL be \$236.25.  OFFICERS AND DIRECT  VEERKAMP, MARJORIE W. 741 SW 71 AVE. PEMBROKE PINES FL 3302  D KENNEDY, JEAN 1585 NE 128 STREET NORTH MIAMI FL 33161  POCHE, LYNN 225 CITRUS TRAIL BOYNTON BEACH FL 3343  D KING, JUDY 1157 NW 30 STREET FORT LAUDERDALE FL 3331  TD FIELD, JEAN 535 N. BISCAYNE RD. DR. MIAMI FL 3316	Trust Fund Co	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D G P P P P P P P P P P P P P P P P P P	DDITIONS/CHANGE  BYNA BL  19810 NE I  VM BORACH  BYTHI SW  MIAMI F	Departments TO OFFICERS AND DIE ACKBURN 2 AUE FL 33179 16257 L 33157	Thange  Change  Change  Change	Addition  Addition  Addition	
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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:** 

954-44-2972

## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

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DOCUMENT # <b>770285</b> 1. Entity Name						)		0		
DOBERMAN PINSCHER CLUB OF FLORIDA, INC.						LAPON	ml	WP .		
Principal Place of Business Mailing Address						1 4	71 90	V   · V		
% Marjorie W. Veerkamp 741 S.W. 71 Avenue Pembroke Pines Fl. 33023		% MARJORIE W. VEERKAMP 741 S.W. 71 AVENUE PEMBROKE PINES FL 33023			Headment 38579					
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE						
City & State		City & State			4. FEI Number 94-3015138 Applied For Not Applicable				ē	
Zip	Country	Zip	Col	entry		5. Certificate of S	Status Desired	\$8.75 A Fee Requi		]
<u>۔۔۔ بہ</u>	6. Name and Address of Current F	Registered Agent	<u>.</u>	Nama		7. Name and Ad	dress of New Registered	Agent		⋥
VEERKAMP, MARJORIE W. 741 S.W. 71 AVENUE				Street Address (P.O. Box Number is Not Acceptable)						<u>-</u>
PEMBROK	KE PINES FL 33023		ļ.,			y FL Zip Code				$\dashv$
8. The above	e named entity submits this statement for	the nurnose of changing its	enister	ed office (	r registers	ad agest or both in	<u> </u>	<del>-</del>		-
	Signature, typed or printed name of registered agent at FILE NOW: FEE IS \$61.25	9. Election Cam Trust Fund Co	paign F ontributi	inancing		\$5.00 May Be Added to Fees		ent of Stat	te	7 2 B 1 B
<b>10.</b> Ti <b>r</b> le	OFFICERS AND DIRE	ECTORS Delate	11.		<del>^</del>	DDITIONS/CHANG	ES TO OFFICERS AND D	/		┧╒
name Street address City-St-Zip	VEERKAMP, MARJORIE W. 741 SW 71 AVE. PEMBROKE PINES FL	(E) Deire			03	gran Citri	Rocke is grail, boach th	[YChange 2334	□ Addition	CR2E037 (9/01)
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TITLE	VP	Delete	TITLE		RS	· Cianda	Perse	Change	☐ Addition	1
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TITLE Hame Street adoress City-St-Zip	TD FIELD, JEAN 535 N. BISCAYNE RD. DR. MIAMI FL	☐ Delete	NAME STREET	T ADDRESS	TD	Jean Miami	Thise R	Change Pr., 69	Addition	
TITLE VAME STREET ADDRESS CITY-ST-ZIP	S PATRICK, RITA 5512 GARFIELD STREET HOLLYWOOD FL 33021	☐ Delete		T ADORESS	D M	IARJORIE HISW T	YEERKAMP I AVE PINES FL	-	□ Addition	
I2. I hereby of indicated of the corr	certify that the information supplied with the on this report or supplemental report is triporation or the receiver or trustee empower or on an attachment with an address, with	is filing does not qualify for the ue and accurate and that my ered to execute this report as the all other like empowered.								