

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90013 011 ****61.25

DOCUMENT # NO4040

1. Entity Name

SUNCOAST COCKER SPANIEL CLUB OF GREATER CLEARWAT

Principal Place of Business

Mailing Address

1681 SHERBROOK ROAD
 CLEARWATER FL 34624

1681 SHERBROOK ROAD
 CLEARWATER FL 34624

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

59-2386075

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

LIPPINCOTT, BARBARA
27515 ASCOT STREET
WESLEY CHAPEL FL 33544

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 **DP** ☐ Delete
 NAME **BOWLING, RICHARD**
 STREET ADDRESS **1750 ALBERMARLE RD.**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE **TREASURER** ☐ Change ☒ Addition
 NAME **BARBARA LIPPINCOTT**
 STREET ADDRESS **27515 ASCOT ST**
 CITY-ST-ZIP **WESLEY CHAPEL FL 33544**

TITLE **SD** ☐ Delete
 NAME **TAYLOR, CONNIE**
 STREET ADDRESS **1952 DODGE ST.**
 CITY-ST-ZIP **CLEARWATER FL 33760**

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **JUDY GODERRE**
 STREET ADDRESS **431 EUNICE DRIVE**
 CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **CS** ☐ Delete
 NAME **ST. JOHN, SANDRA**
 STREET ADDRESS **1681 SHERBROOK ROAD**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **LINDA ANDERSEN**
 STREET ADDRESS **3921 BRIARLAKE DRIVE**
 CITY-ST-ZIP **VALRICO FL 33594**

TITLE **D** ☒ Delete
 NAME **SESSA, DIANE**
 STREET ADDRESS **3831 78TH AVE**
 CITY-ST-ZIP **SARASOTA FL 34243**

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **CHARLES LIPPINCOTT**
 STREET ADDRESS **27515 ASCOT ST**
 CITY-ST-ZIP **WESLEY CHAPEL FL 33544**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: BARBARA LIPPINCOTT 5/1/01 813 994-7562

CR2E037 (10/00)