

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90236 022 ****61.25

DOCUMENT # N15261

1. Entity Name

HEARTLAND DOG CLUB, INCORPORATED OF FLORIDA

Principal Place of Business

3940 SKIPPER RD
C/O LAURA VAN HORN
SEBRING FL 33872
US

Mailing Address

3940 SKIPPER ROAD
C/O LAURA VAN HORN
SEBRING FL 33872
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2877619

Applied For

Not Applicable

Zip

Country

Zip

Country

33875

33875

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

VAN HORN, LAURA
3940 SKIPPER ROAD
SEBRING FL 33872

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code 33875

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)

Type too Small to Read

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	PD	☐ Delete
NAME	VAN HORN, LAURA	
STREET ADDRESS	3940 SKIPPER RD	
CITY-ST-ZIP	SEBRING FL	
TITLE	PD	☒ Delete
NAME	POLINA ANN	
STREET ADDRESS	5500 SR 86	
CITY-ST-ZIP	SEBRING FL	
TITLE	VD	☒ Delete
NAME	HUDSON, D	
STREET ADDRESS	3744 SKIPPER RD	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	RSD	☒ Delete
NAME	WINEGARD, S	
STREET ADDRESS	640 MEL SMITH RD	
CITY-ST-ZIP	AVON PK FL 33826	
TITLE	FO	☐ Delete
NAME	FOSTER, DOROTHY	
STREET ADDRESS	1059 FERNVALE AVE.	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	D	☐ Delete
NAME	TRUAY, RUTH	
STREET ADDRESS	2990 DOWNING AVE	
CITY-ST-ZIP	SEBRING FL 33870	

TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		33875
TITLE	VP	☒ Change ☒ Addition
NAME	Karen Hatch	
STREET ADDRESS	39 Hatch Road	
CITY-ST-ZIP	Venus, FL	
TITLE	CSD	☒ Change ☒ Addition
NAME	Ferne Nadeau	
STREET ADDRESS	2544 Don Carlos Ave	
CITY-ST-ZIP	Avon Park, FL	33825
TITLE	RSD	☒ Change ☒ Addition
NAME	Gail Penfield	
STREET ADDRESS	139 E Walnut St	
CITY-ST-ZIP	Avon Park, FL	33825
TITLE	Treasurer	☒ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)