

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90059 039 ****61.25

DOCUMENT # N15261

1. Entity Name

HEARTLAND DOG CLUB, INCORPORATED OF FLORIDA

Principal Place of Business

Mailing Address

**3940 SKIPPER RD
C/O LAURA VAN HORN
SEBRING FL 33875
US**

**3940 SKIPPER RD
C/O LAURA VAN HORN
SEBRING FL 33875
US**

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

59-2877619

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

**VAN HORN, LAURA
3940 SKIPPER ROAD
SEBRING FL 33875**

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 ☐ Delete
NAME **PD VAN HORN, LAURA**
STREET ADDRESS **3940 SKIPPER RD**
CITY-ST-ZIP **SEBRING FL 33875**

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

TITLE ☒ Delete
NAME **VP HATCH, KAREN**
STREET ADDRESS **39 HATCH ROAD**
CITY-ST-ZIP **VENUS FL**

TITLE ☒ Change ☐ Addition
NAME **JAN RUESTER**
STREET ADDRESS **118 W GLORIA ST**
CITY-ST-ZIP **AVON PARK, FL 33825**

TITLE ☐ Delete
NAME **CSD NADEAU, FERNE**
STREET ADDRESS **2544 DON CARLOS AVENUE**
CITY-ST-ZIP **AVON PARK FL 33825**

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

TITLE ☒ Delete
NAME **RSD PORFIELD, GAIL**
STREET ADDRESS **139 E WALNUT ST**
CITY-ST-ZIP **AVON PARK FL 33825**

TITLE ☒ Change ☐ Addition
NAME **RSD SANDI BASS**
STREET ADDRESS **5063 GRAND CONCOURSE**
CITY-ST-ZIP **Sebring, FL 33875**

TITLE ☒ Delete
NAME **T FOSTER, DOROTHY**
STREET ADDRESS **1059 FERNVALE AVE.**
CITY-ST-ZIP **SEBRING FL 33870**

TITLE ☒ Change ☐ Addition
NAME **MARY LANE**
STREET ADDRESS **4005 SKIPPER RD**
CITY-ST-ZIP **SEBRING, FL 33875**

TITLE ☒ Delete
NAME **D TRUAY, RUTH**
STREET ADDRESS **2990 DOWNING AVE**
CITY-ST-ZIP **SEBRING FL 33870**

TITLE ☒ Change ☐ Addition
NAME **D BONNIE HANKISON**
STREET ADDRESS **2020 FLAMINGO DRIVE**
CITY-ST-ZIP **SEBRING FL 33870**

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
LAURA VAN HORN

Date **1/3/02** Daytime Phone # **863-471-5777**

CR2E037 (9/01)