

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90045 043 ****61.25

DOCUMENT # N24391

1. Entity Name
SCOTTISH TERRIER CLUB OF TAMPA BAY, INC.



Principal Place of Business
**7349 ULMERTON ROAD
LOT #126
LARGO, FL 33771**

Mailing Address
**7349 ULMERTON ROAD
LOT #126
LARGO, FL 33771**

54003908



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01152004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LAVERS, BETTY J.
7349 ULMERTON ROAD
LOT #126
LARGO, FL 33771**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **NUTE, SUSAN**
STREET ADDRESS **405 OAK REGENCY LANE**
CITY-ST-ZIP **BRANDON, FL 33511**

TITLE **VP** ☒ Delete
NAME **NEALE, DONNA**
STREET ADDRESS **5527 COUNTRY LAKES TRAIL**
CITY-ST-ZIP **SARASOTA, FL**

TITLE **RCD** ☐ Delete
NAME **SLATER, LAURIE**
STREET ADDRESS **15908 MCGLAMERY RD**
CITY-ST-ZIP **ODESSA, FL 33556**

TITLE **CSD** ☒ Delete
NAME **DRISCOLL, ELIZABETH**
STREET ADDRESS **529 RICHARDS AVE**
CITY-ST-ZIP **CLEARWATER, FL 33755**

TITLE **TD** ☐ Delete
NAME **LEONARD, GERRY**
STREET ADDRESS **509 NANTUCKET DR.**
CITY-ST-ZIP **TEMPLE TERRACE, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☒ Addition
NAME **PAUL TURNER**
STREET ADDRESS
CITY-ST-ZIP

TITLE **V.P. General** ☒ Change ☒ Addition
NAME **RUSTY PARK**
STREET ADDRESS **3208-69th ST E**
CITY-ST-ZIP **BRADENTON, FL 34208**

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

TITLE **CSD** ☒ Change ☒ Addition
NAME **LESLIE LOWE**
STREET ADDRESS **315 BLACK OAK CT.**
CITY-ST-ZIP **SEFFNER, FL 33584**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1120 N RIVER HILLS DR.**
CITY-ST-ZIP **TEMPLE TERRACE, FL 33617**

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:

Betty J. Lavers **Betty J. LAVERS, Reg.** **2/6/04** **813-258-0216**
Signature and typed or printed name of signing officer or director Date Daytime Phone #