

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## 1999 MOCUMENT # N47641

1. Corporation Name

SUNCOAST BASSET HOUND CLUB OF TAMPA, FLORIDA, IN

Principal Place of Busines
% JEROME MANNING
15428 MANNING DRIVE
TAMPA FL 33612

Mailing Address
% JEROME MANNING
15428 MANNING DRIVE
TAMPA FL' 33612

## FILED Mar 02, 1999 8:00 am § Secretary of State

03-02-1999 90114 026 \*\*\*\*61.25

|--|

Principal Place of Business     2a. Mailing Address			-		3. Date Incorporated or Qualifed		l	
26				***	03/03/1992			
Suite, Apt. #, etc. Suite, Apt. #, etc.					4. FEI Number	<u> </u>	ied For	
22					59-3136283		Applicable	
City & State City & State					5. Certifcate of Status Desired	\$8.75 Ad		
28			Country	Fee Required				
Zip	Country			<i>'</i>	6. Election Campaign Financing \$5.00 May Be			
24	25 29 30				Trust Fund Contribution	Added to	rees	
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registered	Agent		
				Name				
MANNING, JEROME				82 Street Address (P.O. Box Number is Not Acceptable)				
15428 MA	nning drive							
TAMPA FL	. 33612		83					
			84	City	g = 2	85 Zip Co	ode	
				′	FL_			
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes	the abov	e-named of	corporation submits this statement for the purpose of	changing its re ntment as regi	egistered stered	
agent. I a	m temiliar with, and accept the obligati	ions of, Section 617.0503, Florid	la Statutes	3.	pration's board of directors. I hereby accept the appoir	CO		
SIGNATURE	(HIDMR III ANY				<u> </u>	<u>• 7 9</u>		
	a gnature, typed or printed name of registered agent			nt signature re	equired when reinstating) DATE	D DIDECTOR	S IN 12	
12.	OFFICERS ANI		13.	<del></del> 1	ADDITIONS/CHANGES TO OFFICERS AN	☐ Change	Addition	
TITLE	PT	☐ DELETE	1.1 TITLE		•	Li Change		
NAME	2007.0, 118 817 11		1.2 NAME					
STREET ADDRESS	2375 SOUTH PALM BEACH LO	OP .	1.3 STREE	T ADDRESS	•			
CITY-\$T-ZIP	HOMOSASSA FL		1.4 CITY-8	T-ZIP			☐ Addition	
TITLE	VT	☐ DELETE	2.1 TITLE			Change		
NAME	MANNING, MARY K		2.2 NAME					
STREET ADDRESS	15428 MANNING DR.		2.3 STREE	TADDRESS				
CITY-ST-ZIP	1) 4/1/ / 1 -		2. 4 CITY-	ST-ZIP				
TITLE	ΙŤ	☐ DELETE	3.1 TITLE			☐ Change	☐ Addition	
NAME	KAMMERER JR., JOHN J.		3.2 NAME				ļ	
STREET ADDRESS	1072 NOLAN DRIVE		3.3 STREE	TADDRESS			1	
CITY-ST-ZIP	LARGO FL	<u> </u>	3.4. CfTY-	ST-ZIP		<b>∀</b>		
TITLE	ST	DELETE	4.1 TITLE		KATHY WILLIAMS	Change	☐ Addition	
NAME	BATHAUER, SUE	-	4, 2 NAME		15101 NO 32 HD AVE			
STREET ADDRESS	25442 POWELL RD		4.3 STREE	TADDRESS	GAINESVILLE, FL. 32606			
CITY-ST-ZIP	BROOKSVILLE FL		4.4 CITY-5	ST-ZIP				
TITLE	D	☐ DELETE	5.1 TITLE			Change	☐ Addition	
NAME	KAMMERER, SUSAN		5.2 NAME		•	•		
STREET ADORESS	1072 NOLAN DR		5.3 STREE	TADDRESS	·			
CITY-ST-ZIP	LARGO FL		5.4 CITY-5	ST-ZIP				
TITLE	D	☐ DELETE	6.1 TITLE			☐ Change	☐ Addition	
NAME	WALLACE, BOB		6.2 NAME					
STREET ADDRESS	3656 CALLIANDRA DR.		6.3 STREE	T ADDRESS			Ì	

SARASOTA FL

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NO TIPED OR PRINTED NAME OF BIGNING OFFICER OF DIRECTOR

1-18-99 727 585-6838

Daytime Phone

KZEU3/ (11/98)