

**DOCUMENT # N47641**

1. Entity Name  
**SUNCOAST BASSET HOUND CLUB OF TAMPA, FLORIDA, IN**

**FILED**  
**Jan 13, 2001 8:00 am**  
**Secretary of State**

01-13-2001 90047 037 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
% JEROME MANNING 15428 MANNING DRIVE TAMPA FL 33612		% JEROME MANNING 15428 MANNING DRIVE TAMPA FL 33612	
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 <b>59-3136283</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**MANNING, JEROME**  
**15428 MANNING DRIVE**  
**TAMPA FL 33612**

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.

SIGNATURE *Jerome Manning* (NOTE: Registered Agent signature required when reinstating) DATE 01-07-01

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT LUCAS, MARY K 2375 SOUTH PALM BEACH LOOP HOMOSASSA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MANNING, MARY K 15428 MANNING DR. TAMPA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KAMMERER JR., JOHN J. 1072 NOLAN DRIVE LARGO FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WILLIAMS, KATHY 15101 NW 32ND AVE GAINESVILLE FL 32605 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAMMERER, SUSAN 1072 NOLAN DR LARGO FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALLACE, BOB 3656 CALLIANDRA DR. SARASOTA FL <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>PT</del> <del>MARY KAY LUCAS</del> SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	✓ Sue Bathauer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 25442 Powell Rd. Brooksville FL 34602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	✓ Wallace, Judy <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9922 289th St E Myakka City, FL 34251
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	✓ Wallace, Judy <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Wallace, Bob 9922 289th St E. Myakka City, FL 34251 (ADDRESS)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 the empowered.

SIGNATURE: *[Signature]* **REQUIRE** DATE 1-7-01 727 585 838

CR2E037 (10/00)