

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90039 043 ****61.25

13064511

DOCUMENT # N47641

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



Principal Place of Business Mailing Address

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

20017637



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-3136283** 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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jerome Manning* DATE 01-20-03

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	LUCAS, MARY K	
STREET ADDRESS	2375 SOUTH PALM BEACH LOOP	
CITY-ST-ZIP	HOMOSSASSA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BATHAUER, SUE	
STREET ADDRESS	25442 POWELL RD	
CITY-ST-ZIP	BROOKSVILLE FL 34602	
TITLE	T	<input type="checkbox"/> Delete
NAME	KAMMERER JR., JOHN J.	
STREET ADDRESS	1072 NOLAN DRIVE	
CITY-ST-ZIP	LARGO FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WALLACE, JUDY	
STREET ADDRESS	9922 289TH ST E	
CITY-ST-ZIP	MYAKKA CITY FL 34251	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAMMERER, SUSAN	
STREET ADDRESS	1072 NOLAN DR	
CITY-ST-ZIP	LARGO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALLACE, BOB	
STREET ADDRESS	9922 289TH ST E	
CITY-ST-ZIP	MYAKKA CITY FL 34251	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E037 (10/02)

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: *JOHN J. KAMMERER JR.* DATE: 1-20-03 DAYTIME PHONE: 727 403 4777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #