

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90072 005 ****61.25

DOCUMENT # N93000000096

1. Entity Name

DOMESTI-CATS CAT CLUB, INC.

Principal Place of Business

Mailing Address

**8030 SUGAR PINE DR
W MELBOURNE FL 32904**

**8030 SUGAR PINE DR
W MELBOURNE FL 32904-1964**

C0044996



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3188515

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

7. Name and Address of New Registered Agent

**GROSS, JEANNETTE E.
8030 SUGAR PINE DRIVE
W MELBOURNE FL 32904**

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. PD ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	RAUCH, DENISE	
STREET ADDRESS	2526 3RD AVE. N.E.	
CITY-ST-ZIP	PALM BAY FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HORNUNG, GWEN	
STREET ADDRESS	P.O. BOX 100137	
CITY-ST-ZIP	PALM BAY FL 32910-0137	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HAMPTON, MARGIE	
STREET ADDRESS	3920 PONDEROSA RD	
CITY-ST-ZIP	MALABAR FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GROSS, JEANNETTE E	
STREET ADDRESS	8030 SUGAR PINE DR.	
CITY-ST-ZIP	W. MELBOURNE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEANNETTE E. GROSS	
STREET ADDRESS	8030 SUGAR PINE DR.	
CITY-ST-ZIP	W. MELBOURNE FL 32904	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARGIE HAMPTON	
STREET ADDRESS	3920 PONDEROSA RD.	
CITY-ST-ZIP	MALABAR FL 32950	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GWEN HORNUNG	
STREET ADDRESS	BRICKELL ST.	
CITY-ST-ZIP	PALM BAY FL	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIANA BELFATTO	
STREET ADDRESS	505 2ND AVE.	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
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		
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: _____ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

321-676-3086

CR2E037 (9/99)