

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000579

1. Entity Name

THE GERMAN SHEPHERD DOG CLUB OF ORLANDO INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90048 016 ****61.25

Principal Place of Business P.O. BOX 520520 LONGWOOD FL 32752-0520 US	Mailing Address P.O. BOX 520520 LONGWOOD FL 32752-0520 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RADZEVICH, BETTY A
1400 LINCOLNWOOD LANE
LONGWOOD FL 32750

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	4/20/2000
<i>Betty A. Radzevich</i>	
Signature, typed or printed name of registered agent and title if applicable.	DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	RADZEVICH, KARL	
STREET ADDRESS	1400 LINCOLNWOOD LN	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	PAOLILLO, DOMINICK	
STREET ADDRESS	P.O. BOX 1166 N/A	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SWARTZ, SYBLE	
STREET ADDRESS	PO BOX 520520	
CITY-ST-ZIP	LONGWOOD FL 32752-0520	
TITLE	T	<input type="checkbox"/> Delete
NAME	RADZEVICH, BETTY A	
STREET ADDRESS	1400 LINCOLNWOOD LANE	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JACKSON, MAUREEN	
STREET ADDRESS	885 KIMBALL DR.	
CITY-ST-ZIP	OCOE FL 34761	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RATICAN, TINA	
STREET ADDRESS	929 JACARANDA	
CITY-ST-ZIP	LADY LAKE FL 32159	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIOVANNI MIDDEL	
STREET ADDRESS	11431 TUSCARERA LN.	
CITY-ST-ZIP	CLERMONT, FL. 34711	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARIA PAOLILLO	
STREET ADDRESS	2245 CTY RD. 245D	
CITY-ST-ZIP	oxford, FL. 34484	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOMINICK PAOLILLO	
STREET ADDRESS	2245 Cty Rd. 245D	
CITY-ST-ZIP	OXFORD, FL. 34484	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIM TREZZA	
STREET ADDRESS	P.O. Box 1166 N/A	
CITY-ST-ZIP	WILDWOOD, FL. 34785	

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:	<i>Betty A. Radzevich</i>	1400 LINCOLNWOOD LN	4-20-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Betty A. Radzevich		

CR2E037 (9/99)