

# 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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DO NOT WRITE IN THIS SPACE

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	Applied For
<b>NOT APPLICABLE</b>	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**RADZEVICH, BETTY A**  
**1400 LINCOLNWOOD LANE**  
**LONGWOOD FL 32750**

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 *Betty A Radzevich* DATE 4/20/2000

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>VP</b> <b>GIOVANNI MIDDEL</b> <b>11431 TUSCARERA LN.</b> <b>CLERMONT, FL. 34711</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>S</b> <b>DARIA PAOLILLO</b> <b>2245 CTY RD. 245D</b> <b>oxford, Fl. 34484</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D</b> <b>DOMINICK PAOLILLO</b> <b>2245 Cty Rd. 245D</b> <b>OXFORD, FL. 34484</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>D</b> <b>KIM TREZZA</b> <b>P.O. Box 1166 N/A</b> <b>WILDWOOD, FL. 34785</b>

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: *Betty A Radzevich* **1400 LINCOLNWOOD LN** **4-20-2000**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Betty A. RADZEVICH** Date Daytime Phone #

CR2E037 (9/99)