

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90047 048 ****61.25

DOCUMENT # N93000000579

1. Entity Name
THE GERMAN SHEPHERD DOG CLUB OF ORLANDO INC.

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 Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 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 _____ (NOTE: Registered Agent signature required when reinstating) 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

TITLE	P <input type="checkbox"/> Delete
NAME	RADZEVICH, KARL
STREET ADDRESS	1400 LINCOLNWOOD LN
CITY-ST-ZIP	LONGWOOD FL 32750
TITLE	VP <input type="checkbox"/> Delete
NAME	MIDDEL, GIOVANNI
STREET ADDRESS	11431 TUSCARERA LN
CITY-ST-ZIP	CLERMONT FL 34711
TITLE	S <input type="checkbox"/> Delete
NAME	PAOLILLO, DARIA
STREET ADDRESS	2245 CTY RD 245D
CITY-ST-ZIP	OXFORD FL 34484
TITLE	T <input type="checkbox"/> Delete
NAME	RADZEVICH, BETTY A
STREET ADDRESS	1400 LINCOLNWOOD LANE
CITY-ST-ZIP	LONGWOOD FL 32750
TITLE	D <input type="checkbox"/> Delete
NAME	PAOLILLO, DOMINICK
STREET ADDRESS	2245 CTY RD 245D
CITY-ST-ZIP	OXFORD FL 34484
TITLE	D <input type="checkbox"/> Delete
NAME	TREZZA, KIM
STREET ADDRESS	PO BOX 1166
CITY-ST-ZIP	WILDWOOD FL 34785

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	
STREET ADDRESS	
CITY-ST-ZIP	
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	
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: *Karl W. Radzevich* PRES *Karl W. Radzevich* Date *2/22/2001* Daytime Phone # _____

CR2E037 (10/00)