

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

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90188 014 \*\*\*\*61.25

**DOCUMENT # N93000000579**

1. Entity Name

**THE GERMAN SHEPHERD DOG CLUB OF ORLANDO INC.**



Principal Place of Business

**1400 LINCOLNWOOD LN  
LONGWOOD FL 32750  
US**

Mailing Address

**P.O. BOX 520520  
LONGWOOD FL 32752-0520  
US**

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 **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RADZEVICH, BETTY A  
1400 LINCOLNWOOD LN  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Same*

1/20/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
NAME **RADZEVICH, KARL**  
STREET ADDRESS **1400 LINCOLNWOOD LN**  
CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE **John McCormick , Pres.** ☒ Change ☐ Addition  
NAME **218 Fox Lake Dr,**  
STREET ADDRESS **Lakeland, Fl. 33809-2210**  
CITY-ST-ZIP

TITLE **VP** ☐ Delete  
NAME **MIDDEL, GIOVANNI**  
STREET ADDRESS **11431 TUSCARERA LN**  
CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **PAOLILLO, DARIA**  
STREET ADDRESS **2245 CTY RD 245D**  
CITY-ST-ZIP **OXFORD FL 34484**

TITLE **Secretaruy** ☒ Change ☐ Addition  
NAME **Erika Mc Cormick**  
STREET ADDRESS **218 Fox Lake Dr. Lakeland, Fl. 33809-2210**  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **RADZEVICH, BETTY A**  
STREET ADDRESS **1400 LINCOLNWOOD LANE**  
CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **PAOLILLO, DOMINICK**  
STREET ADDRESS **2245 CTY RD 245D**  
CITY-ST-ZIP **OXFORD FL 34484**

TITLE **Director** ☒ Change ☐ Addition  
NAME **Daria Paolillo**  
STREET ADDRESS **PO Box 1166**  
CITY-ST-ZIP **Wildwood, Fl. 34785**

TITLE **D** ☐ Delete  
NAME **TREZZA, KIM**  
STREET ADDRESS **PO BOX 1166**  
CITY-ST-ZIP **WILDWOOD FL 34785**

TITLE ☐ Change ☐ 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 of Betty A. Radzevich*

1/20 /03

407-767-9567

CR2E037 (10/02)