

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

03-27-2000 90085 049 \*\*\*\*61.25

**DOCUMENT # N98000000805**

1. Entity Name

**FLORIDA DOBERMAN RESCUE, INC.**

Principal Place of Business

2400 NW 31ST TERR.  
 GAINESVILLE FL 32605

Mailing Address

2400 NW 31ST TERR.  
 GAINESVILLE FL 32605-2731

2. Principal Place of Business

*106 Moody Dr.*  
 Suite, Apt. #, etc.

3. Mailing Address

*P.O. BOX 350702*  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State <i>Palm Coast FL</i>		City & State <i>Palm Coast FL</i>		4. FEI Number <b>59-3492619</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <i>32137</i>	Country <i>USA</i>	Zip <i>32135</i>	Country <i>USA</i>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHESTNUT, PAIGE 2400 NW 31ST TERR. GAINESVILLE FL 32605			Name <i>Paige Chesnut</i> Street Address (P.O. Box Number is Not Acceptable) <i>106 Moody Dr.</i> City <i>Palm Coast</i> <b>FL</b> Zip Code <i>32137</i>		

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 *Paige Chesnut* *Paige Chesnut* *3/22/00* *Blacker*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

<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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CHESTNUT, STEVEN 2400 NW 31ST TERR. GAINESVILLE FL 32605 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CHESTNUT, PAIGE 2400 NW 31ST TERR. GAINESVILLE FL 32605 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GABOURN, DENISE C 700 NE 50 AVE RD HIGH SPRINGS FL 32643 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Doris LEO 2800 NW 32nd St. Gainesville, FL 32605 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Paige Chesnut* *Paige Chesnut* *3/22/00* *(904) 447-8554*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2003/1999