

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002998

1. Entity Name

NATIONAL WOLF AND WOLF - DOG ALLIANCE, INC. (NWW)

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90002 038 ****70.00

Principal Place of Business

Mailing Address

10350 SAN MARTIN BLVD NE
ST. PETERSBURG FL 33702

P.O. BOX 15726
ST. PETERSBURG FL 33733-5726

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3518819

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEDNAR, DAWN
7957 ABERDEEN CIR.
LARGO FL 33771

Name

TAMMY WALLER

Street Address (P.O. Box Number is Not Acceptable)

3417 20TH ST. NO.

City

St. PETERSBURG FL

Zip Code

33713

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

Tammy Waller (President)

2-2-2000

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BEDNAR, DAWN	
STREET ADDRESS	7957 ABERDEEN CIR	
CITY-ST-ZIP	LARGO FL	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	DOWDY, LORIE	
STREET ADDRESS	10350 SAN MARTIN BLVD NE	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WALLER, TAMMY	
STREET ADDRESS	3417 20TH ST N	
CITY-ST-ZIP	ST PETERSBURG FL 33713	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ENGLISH, KAREN	
STREET ADDRESS	20607 W CEDAR LANE	
CITY-ST-ZIP	SUPULPA OK 74066	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAMMY WALLER	
STREET ADDRESS	3417 20TH ST. NO.	
CITY-ST-ZIP	ST. PETE. FL. 33713	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORIE DOWDY	
STREET ADDRESS	10350 SAN MARTIN BLVD. NE.	
CITY-ST-ZIP	ST. PETERSBURG FL. 33702	
TITLE	TRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD WALLER	
STREET ADDRESS	3417 20TH ST. NO.	
CITY-ST-ZIP	ST PETE. FL. 33713	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREG POPP	
STREET ADDRESS	145 1/2 16TH AVE. NE.	
CITY-ST-ZIP	ST. PETE. FL. 33704	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIMMY WALTON	
STREET ADDRESS	4700 48TH ST. NO.	
CITY-ST-ZIP	ST. PETE FL. 33714	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENNY SHANNON	
STREET ADDRESS	4700 48TH ST. NO.	
CITY-ST-ZIP	ST PETE. FL. 33713	

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-2-2000 (727) 528-1595

CR2E037 (9/99)