

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90083 003 ****61.25

DOCUMENT # 734078

1. Entity Name

K-9 OBEDIENCE CLUB OF JACKSONVILLE, INC.

913148



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**2638 POWERS AVE
JACKSONVILLE FL 32207**

**6951 SALAMANCA AVE
JACKSONVILLE FL 32217-2636**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2090317

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILBURN, WILLIAM F.
6951 SALAMANCA AVE
JACKSONVILLE FL 32217**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME PICCIUOLO, STEPHEN
STREET ADDRESS 4502 ORTEGA FARMS CIRCLE
CITY-ST-ZIP JACKSONVILLE FL 32210 ☐ Delete

TITLE PD
NAME SHARMAN BASTL
STREET ADDRESS 984 FISH ISLAND PL
CITY-ST-ZIP ST. AUGUSTINE, FL 32084 ☒ Change ☐ Addition

TITLE VD
NAME SHARMAN, BASTL
STREET ADDRESS 3861 COASTAL HIGHWAY
CITY-ST-ZIP ST. AGUSTINE FL 32095 ☐ Delete

TITLE VD
NAME VIDLEY KREBS
STREET ADDRESS 6723 ECTOR RD
CITY-ST-ZIP JACKSONVILLE FL 32211 ☒ Change ☐ Addition

TITLE VD
NAME NEILSON, MARION
STREET ADDRESS 1442 CRICKET HOLLOW LANE
CITY-ST-ZIP JACKSONVILLE FL 32259 ☐ Delete

TITLE VD
NAME VIAGNIA RUSKUSKI
STREET ADDRESS 5030 AZURE ST
CITY-ST-ZIP JACKSONVILLE, FL 32258 ☒ Change ☐ Addition

TITLE TD
NAME MILBURN, WM. F
STREET ADDRESS 6951 SALAMANCA AVNEUE
CITY-ST-ZIP JACKSONVILLE FL 32217 ☐ Delete

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

TITLE CSD
NAME STANTON, PATRICIA
STREET ADDRESS 2467 RIDGEWOOD AVE.
CITY-ST-ZIP ORANGE PARK FL 32065 ☐ Delete

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

TITLE PSC
NAME GOODE, CONSTANCE
STREET ADDRESS 3342 LENCZYE DRIVE WEST
CITY-ST-ZIP JACKSONVILLE FL 32277 ☐ Delete

TITLE PSC
NAME PHYLLIS VANDEVELDE
STREET ADDRESS 1424 EDGEWOOD CIR
CITY-ST-ZIP JACKSONVILLE, FL 32205 ☒ Change ☐ 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: *W. F. Milburn*
TREASURER

2/1/00

9047370663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #