

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 701473**

Entity Name

**DOG TRAINING CLUB OF ST PETERSBURG INC****FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90081 001 \*\*\*\*61.25

Principal Place of Business	Mailing Address
STAPLETON & SMITH, P.A. 34 AVE. NO. PETERSBURG FL 33710	C/O STAPLETON & SMITH, P.A. 6600 34 AVE. NO. ST. PETERSBURG FL 33710-1515

D0826150



DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	23-7099551	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**

SMITH, TED  
C/O STAPLETON & SMITH, P.A.  
6600 34 AVE. NO.  
ST. PETERSBURG FL 33710

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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****0. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VD	CONROY, ALAN	4727 14TH AVE N	ST. PETERSBURG FL	<input type="checkbox"/>
SD	WALKER, VIRGINIA	4690 36TH AVENUE NORTH	ST. PETERSBURG FL	<input type="checkbox"/>
D	RANDAL, RUKSTELE	11950 81 AVE NO.	SEMINOLE FL 33772	<input type="checkbox"/>
D	CONROY, DIANE	4727 14TH AVE N	ST PETERSBURG FL	<input checked="" type="checkbox"/>
TD	DUNFORD, APRIL	6698 27TH STREET NORTH	ST. PETERSBURG FL	<input type="checkbox"/>
P	ROHR, JUDY	5662 63RD WAY N	ST PETERSBURG, FL 00000	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
D	DIANE Miles	7497 Ridge Road	Seminole, FL 33772	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		6300 86 Ave N -	Pinellas PARK, FL 33782	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	2nd V.P.	ELLIOT BARON	4326 YARBLEY Ave. N,	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		St Petersburg, FL 33713			

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

APRIL DUNFORD  
TREASURER2/20/00 727  
527-5568

CR2E037 (9/99)