2001 UNIFORM BUSINESS REPORT (UBR)

Jan 24, 2001 8:00 am DOCUMENT # P9700039553 **Secretary of State** 1. Entity Name FLORIDA SIBERIAN HUSKY ASSOCIATION, INC. 01-24-2001 90081 025 ***150.00 Principal Place of Business Mailing Address 11067 117 LANE NORTH 11067 117 LANE NORTH LARGO FL 33778 **LARGO FL 33778** 702013 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3441518 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent UMBERTO, GEORGE J Street Address (P.O. Box Number is Not Acceptable 11067 117 LANE NORTH 110 6 **LARGO FL 33778** LAR60 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete ☐ Addition TITLE TITLE UMBERTO, GEORGE J NAME NAME STREET ADDRESS 11067 117 LANE NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **LARGO FL 33778** STD TITLE ■ Addition TITLE ☐ Delete UMBERTO, BETTY H NAME NAME STREET ADDRESS 11067 117 LANE NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **LARGO FL 33778** ☐ Delete TITLE ☐ Change ☐ Addition TITLE ALONSO, JORGE NAME NAME 9714 121 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SEMINOLE FL 33772 TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

Y Umberto /10/01

(727) 480 6812

Daytime Phone #