

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2001 8:00 am
Secretary of State

02-14-2001 90013 029 ****61.25

DOCUMENT # 701473

1. Entity Name

DOG TRAINING CLUB OF ST PETERSBURG INC

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7099551

Applied For

Not Applicable

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

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

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 **VD** ☒ Delete
 NAME **CONROY, ALAN**
 STREET ADDRESS **4727 14TH AVE N**
 CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **VD** ☐ Change ☒ Addition
 NAME **MARY Ann Kennedy**
 STREET ADDRESS **6600 12 ST. N.**
 CITY-ST-ZIP **St Petersburg, FL 33702**

TITLE **SD** ☐ Delete
 NAME **WALKER, VIRGINIA**
 STREET ADDRESS **4690 36TH AVENUE NORTH**
 CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **D** ☐ Change ☒ Addition
 NAME **Joanne Killeen**
 STREET ADDRESS **9811 47 ST N**
 CITY-ST-ZIP **Pinellas Park, FL 33781**

TITLE **D** ☐ Delete
 NAME **RANDAL, RUKSTELE**
 STREET ADDRESS **11950 81 AVE NO.**
 CITY-ST-ZIP **SEMINOLE FL 33772**

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

TITLE **D** ☐ Delete
 NAME **MILES, DIANE**
 STREET ADDRESS **7497 RIDGE ROAD**
 CITY-ST-ZIP **SEMINOLE FL 33772**

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

TITLE **TD** ☐ Delete
 NAME **DUNFORD, APRIL**
 STREET ADDRESS **6300 86 AVE N**
 CITY-ST-ZIP **PINELLAS PARK FL 33782**

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

TITLE **VP** ☐ Delete
 NAME **BARON, ELLIOT**
 STREET ADDRESS **4326 YARDLEY AVE. N.**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33713**

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)