

**2001. UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90358 009 \*\*\*\*61.25

0079783

**DOCUMENT # N00000001950**

1. Entity Name

**HERNANDO COUNTY KENNEL CLUB, INC.**

Principal Place of Business

**P. O. BOX 5010  
SPRING HILL FL 34611**

Mailing Address

**P. O. BOX 5010  
SPRING HILL FL 34611****LUU04742**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

**59-3323168**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MAKUC, ALFRED D  
13375 CORTEZ BLVD.  
BROOKSVILLE FL 34613**

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Charles Kolb 5169 Boswell Rd. Spring Hill, FL 34608	
V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Valeria Dragonswan 3484 Deltona Blvd. Spring Hill, FL 34606	
S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Virginia Makuc 13375 Cortez Blvd. Brooksville, FL 34613	
D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Barbara Fulton 1352 Autumn Rd. Spring Hill, FL 34606	
D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Sue Bathauer 25442 Powell Rd. Brooksville, FL	
D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Betty Welsch 18168 Clearview Drive Brooksville, FL 34609	

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: Virginia Makuc (Secy.) Virginia Makuc 4/23/01 (352/596-5607)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)