

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22889

1. Entity Name

OCHLOCKONEE RIVER KENNEL CLUB OF FLORIDA, INC.

FILED

Jan 30, 2002 8:00 am  
Secretary of State

01-30-2002 90051 011 \*\*\*\*61.25

Principal Place of Business

Mailing Address

RT 4 BOX 4702  
MONTICELLO FL 32344  
US

P O BOX 3185  
TALLAHASSEE FL 32315  
US

2. Principal Place of Business

1248 Casa Bianca Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Monticello FL

City & State

4. FEI Number

59-2810153

Applied For

Not Applicable

Zip

Country

32344

Jefferson

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

MCPHATE, DONNA  
RT 4 BOX 4702  
CASA BIANCA RD.  
MONTICELLO FL 32344

Name McPhate, Donna

Street Address (P.O. Box Number is Not Acceptable)

1248 Casa Bianca Road (New address)

City

Monticello

FL

Zip Code

32344

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 P ☐ Delete  
NAME RIGGS, VALERIE  
STREET ADDRESS 2476 ELFIN WING LN  
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE VP ☒ Change ☐ Addition  
NAME RIGGS, Valerie  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME MAPLES, CHRISTINE  
STREET ADDRESS 4830 FRED GEORGE ROAD  
CITY-ST-ZIP TALLAHASSEE FL

TITLE D ☒ Change ☐ Addition  
NAME Maples, Christine  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME DOUGLAS, WILLIAM  
STREET ADDRESS RT 4 BOX 4219  
CITY-ST-ZIP MONTICELLO FL 32344

TITLE TD ☐ Change ☒ Addition  
NAME McPhate, Donna  
STREET ADDRESS 1248 Casa Bianca Rd  
CITY-ST-ZIP Monticello FL 32344

TITLE SD ☒ Delete  
NAME TOWLER, MINDY  
STREET ADDRESS 1698 KAY AVE  
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE SD ☒ Change ☒ Addition  
NAME Kathleen Harper, DVM  
STREET ADDRESS PO BOX 20715  
CITY-ST-ZIP Tallahassee, FL 32316

TITLE D ☐ Delete  
NAME BRINKLEY, BETH  
STREET ADDRESS 5984 TEA ROSE TRAIL  
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE President ☒ Change ☐ Addition  
NAME Brinkley, Beth  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME O'HARA, CHARLES  
STREET ADDRESS P O BOX 1 HWY 269  
CITY-ST-ZIP WACISSA FL 32361

TITLE D ☐ Change ☒ Addition  
NAME Beasley, Debbie  
STREET ADDRESS P.O. Box 918  
CITY-ST-ZIP Havana, FL 32333

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 14, 2002

Date

850 997-1978

Daytime Phone #

CR2E037 (9/01)