

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90060 018 ****61.25

DOCUMENT # NO1000001438

1. Entity Name

SAMOYED FANCIERS OF CENTRAL FLORIDA, INC.

Principal Place of Business

**328 BRIDLE PATH
 CASSELBERRY FL 32707**

Mailing Address

**328 BRIDLE PATH
 CASSELBERRY FL 32707**

2. Principal Place of Business

13535 Bristlecone Cir

Suite, Apt. #, etc.

3. Mailing Address

13535 Bristlecone Cir

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32828

Country

USA

Zip

32828

Country

USA

4. FEI Number

59-3702990

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WEST, CHERYL
 328 BRIDLE PATH
 CASSELBERRY FL 32707**

7. Name and Address of New Registered Agent

Name

Patti H. Turba

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

13535 Bristlecone Cir

City

Orlando

FL

Zip Code

32828

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 **Patti H. Turba, Corresponding Secy**

Patti H. Turba

1/19/02

Signature, typed or printed name of registered agent and title if applicable. Secy (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	DP WYATT, LAWAYNE 8205 PLEASANT LANE RIVERVIEW FL 33569	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KRAMER, KARYN PO BOX 466 LITHIA FL 33547	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MCGLASHON, JANICE 777 BEAR CREEK CIR WINTER SPRINGS FL 32708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WEST, CHERLY 328 BRIDLE PATH CASSELBERRY FL 32707	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SEGERS, LAURA 2403 COLLEGE HILL DRIVE BRANDON FL 33511	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, LOUIS PO BOX 850 FAIRFIELD FL 32634	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Cheryl West 328 Bridle Path Casselberry, FL 32707-3144	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Patti Turba 13535 Bristlecone Cir Orlando, FL 32828	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Lawayne A. Wyatt, President**

1/31/02 (813) 744-6303

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/01)

Attachment Document # NO1000001438 ⁸⁰⁰²⁶³⁸³

DOCUMENT # NO1000001438
SAMOYED FANCIERS OF CENTRAL FLORIDA, INC

Item 10 Continued

TITLE D X Delete
NAME Paul Brabson
STREET ADDRESS 4090 LeJune Ave
CITY_STATE_ZIP Titusville, FL 32780

TITLE D X Delete
NAME Diana Steele
STREET ADDRESS 426 Sunrise Court
CITY_STATE_ZIP Orlando, FL 32803-6727

Item 11 Continued

TITLE D X Addition
NAME Gary Jones
STREET ADDRESS 1620 NE 56th Court
CITY_STATE_ZIP Ft Lauderdale, FL 33334

TITLE D X Addition
NAME Bruce King
STREET ADDRESS 1216 Live Oak Lane
CITY_STATE_ZIP Lutz, FL 33558-5227