

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90955 031 \*\*\*\*61.25

**DOCUMENT # N00000006121**

1. Entity Name

**DOG AGILITY COMPETITION OF FLORIDA, INC.**



Principal Place of Business

**2133 5TH AVE N  
ST PETERSBURG FL 33713**

Mailing Address

**2133 5TH AVE N  
ST PETERSBURG FL 33713**

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 **59-3709722**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KILLEEN, JOANNE F**

**2133 5TH AVE N**

**ST PETERSBURG FL 33713**

7. Name and Address of New Registered Agent

Name

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

**5000 PARK BLVD #1**

City

**PINELLAS PARK**

FL

Zip Code

**33781-3411**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>REED, RANDY</b>	<b>1142 NE 91ST STREET</b>	<b>MIAMI FL 33138-3452</b>	<input type="checkbox"/>
	<b>PD</b>	<b>NICHOLAS, REBECCA</b>	<b>2409 S KEY AVE</b>	<input checked="" type="checkbox"/>
		<b>SANFORD FL 32771</b>		
	<b>SD</b>	<b>HALMAN, YVONNE</b>	<b>1424 DANN STREET</b>	<input type="checkbox"/>
		<b>ORLANDO FL 32804</b>		
	<b>T</b>	<b>YORK, JOHN</b>	<b>4201 WESTGATE AVE #5-A</b>	<input type="checkbox"/>
		<b>W PALM BEACH FL 33413</b>		
	<b>D</b>	<b>MACVICAR, VICTORIA</b>	<b>15638 MAHONEY DRIVE</b>	<input checked="" type="checkbox"/>
		<b>SPRINGHILL FL 34610</b>		
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>P</b>			
	<b>VP</b>	<b>JOHN COURTNEY</b>	<b>1920 MICHELS DRIVE NE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<b>PALM BAY, FL 32905</b>		
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
			<b>33409</b>	
	<b>D</b>	<b>TRACY HANNA</b>	<b>8875 S.W. 129TH TERR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<b>MIAMI, FL 33176</b>		
				<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: **JOANNE F. KILLEEN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/26/03 561-686-3575**

CR2E037 (10/02)