

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90421 033 ***150.00

DOCUMENT # 181958

1. Entity Name
WASHINGTON COUNTY KENNEL CLUB, INCORPORATED



Principal Place of Business
**6558 DOG TRACK RD
EBRO FL 32437
US**

Mailing Address
**6558 DOG TRACK RD
EBRO FL 32437
US**

10001610



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0749464**

Applied For
Not Applicable

Zip

Country

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

**HESS, STOCKON R
6512 DOG TRACK RD
EBRO FL 32437**

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. 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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **HESS, STOCKON R**
STREET ADDRESS **6512 DOG TRACK RD**
CITY-ST-ZIP **EBRO FL**

TITLE **TD** ☐ Change ☒ Addition
NAME **Linda M. Bradley**
STREET ADDRESS **9917 Birch Terrace**
CITY-ST-ZIP **Charlevoix, MI 49720**

TITLE **SD** ☐ Delete
NAME **HESS, HARRY L**
STREET ADDRESS **6558 DOG TRACK RD**
CITY-ST-ZIP **EBRO FL**

TITLE **ATD** ☐ Change ☒ Addition
NAME **Craig R. Stevens**
STREET ADDRESS **653 W. 23rd St. PMB 285**
CITY-ST-ZIP **Panama City, FL-32405**

TITLE **VPD** ☐ Delete
NAME **HATER, JOHN M.**
STREET ADDRESS **11508 TRASK S.**
CITY-ST-ZIP **TAMPA FL 33627**

TITLE **AT** ☐ Change ☒ Addition
NAME **Roxann S. Laca**
STREET ADDRESS **2916 West Clifton Dr.**
CITY-ST-ZIP **Tampa, FL 33614**

TITLE **VPD** ☐ Delete
NAME **HATER, ROBERT E. II**
STREET ADDRESS **1330 NEEB RD**
CITY-ST-ZIP **CINCINNATI OH 45233**

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

TITLE **VPD** ☐ Delete
NAME **AUSTIN, PAULETTE**
STREET ADDRESS **9531 ELECTRIC AVE**
CITY-ST-ZIP **THONOTOSASSA FL**

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

TITLE **AS** ☐ Delete
NAME **HESS, MARGARET G**
STREET ADDRESS **10102 WOODSONG WAY**
CITY-ST-ZIP **TAMPA FL**

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 607, 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/03 850-234-3943

Date

Daytime Phone #

CR2E034 (10/02)