

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

011817 AV

DOCUMENT # 111390

1. Entity Name

SANFORD-ORLANDO KENNEL CLUB INC.

03-18-2002 90185 015 ***150.00

Principal Place of Business

**604 N THORNTON AVE.
P O BOX 533200
ORLANDO FL 32853**

Mailing Address

**604 N THORNTON AVE.
P O BOX 533200
ORLANDO FL 32853**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0434870

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

**COLLINS, JACK G
1507 BAY POINT DR
SARASOTA FL 33580**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **ST** ☐ Delete
NAME **CONWAY, FREDERICK J**
STREET ADDRESS **4088 MT ACADIA BLVD**
CITY-ST-ZIP **SAN DIEGO CA**

TITLE **CV** ☐ Delete
NAME **COLLINS, JACK G**
STREET ADDRESS **1507 BAY POINT DR.**
CITY-ST-ZIP **SARASOTA FL**

TITLE **DP** ☐ Delete
NAME **NICHOLS, DIANE A**
STREET ADDRESS **4821 "W" STREET NW**
CITY-ST-ZIP **WASHINGTON DC**

TITLE **D** ☐ Delete
NAME **MURPHY, MARGARET C**
STREET ADDRESS **45 SUNSET ROCK ROAD**
CITY-ST-ZIP **ANDOVER MA**

TITLE **EV** ☐ Delete
NAME **HAGEN, CATHERINE C**
STREET ADDRESS **20 WILLOW HILL ROAD**
CITY-ST-ZIP **ST. LOUIS MO**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Frederick J. Conway*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/05/2002 407-831-1600

Date

Daytime Phone #

CR2E034 (9/01)