

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90768 001 ***750.00

DOCUMENT # 129006

1. Entity Name
JACKSONVILLE KENNEL CLUB, INC.

Principal Place of Business
1440 N. MCDUFF AVE
P.O. BOX 54249
JACKSONVILLE FL 32254

Mailing Address
1440 N. MCDUFF AVE
P.O. BOX 54249
JACKSONVILLE FL 32254



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0306410**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KORMAN, HOWARD I.
4490 SOUTHSIDE BLVD.
JACKSONVILLE FL 32216

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.

X *Howard I. Korman* **4-12-02**
 SIGNATURE DATE
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PITOCHELLI, ROBERT J 2827 FOREST MILL LANE JACKSONVILLE FL 32257	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT HOWELL, JOHN C 351 11TH STREET ATLANTIC BEACH FL 32233	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BIDWILL, CHARLES JR. 22 REGENT WOOD NORTHFIELD IL 60093	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KORMAN, HOWARD 4490 SOUTHSIDE BLVD. JACKSONVILLE FL 32216	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNETT, WILLIAM R 5545 BROADWATER LANE CLARKSVILLE MD 21029	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSTON, JOHN A 915 ELM STREET HINSDALE IL 60521	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT/DIRECTOR PATTON, MARY 4224 MORGAN LANE JACKSONVILLE, FL 32207	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT SECRETARY KULTN, JR., WILLIAM R. 19210 PECKY CYPRESS DRIVE JACKSONVILLE, FL 32223	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT/DIRECTOR JOHNSTON, JR., WILLIAM H 8901 COUNTRY LINE ROAD HINSDALE, IL 60521	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR, CHAIRMAN, SECRETARY PITOCHELLI, MARY P. 2827 FOREST MILL LANE JACKSONVILLE, FL 32257	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR, ASST VP BIDWILL, III, CHARLES W. 1921 SHILLER AVENUE WILMETTE, IL 60091	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR, ASST SECY SCHUBERT, ANNE PATTON 4040 TAYLORSVILLE ROAD TAYLORSVILLE, KY 40071	☐ Change ☒ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Howard I. Korman* **4-12-02** **(904)646-0001**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)