# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 02, 2003 8:00 am**
**Secretary of State**
05-02-2003 90352 001 ***900.00

0036153 AV

DOCUMENT # 129006

1. Entity Name
JACKSONVILLE KENNEL CLUB, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1440 N. MCDUFF AVE<br>P.O. BOX 54249<br>JACKSONVILLE FL 32254 | 1440 N. MCDUFF AVE<br>P.O. BOX 54249<br>JACKSONVILLE FL 32254 |

☐ CHECK HERE IF MAKING CHANGES

| 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 59-0306410 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| KORMAN, HOWARD I.<br>4490 SOUTHSIDE BLVD.<br>JACKSONVILLE FL 32216 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>PATTON, MARY<br>4224 MORENA LANE<br>JACKSONVILLE FL 32207 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CHAIRMAN / DIRECTOR<br>MARY CARL PATTON<br>4490 SOUTHSIDE BLVD<br>JACKSONVILLE, FL 32216 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | AT/D<br>HOWELL, JOHN C<br>351 11TH STREET<br>ATLANTIC BEACH FL 32233 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VICE PRESIDENT / DIRECTOR<br>WILLIAM H. JOHNSTON<br>8901 COUNTY LINE ROAD<br>HINSDALE, IL 60521 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>BIDWELL, CHARLES JR<br>22 REGENT WOOD<br>NORTHFIELD IL 60093 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ASST VICE PRES / DIRECTOR<br>CHARLES W. BIDWELL, III<br>1921 SCHILLER AVENUE<br>WILMETTE, IL 60091 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>KORMAN, HOWARD<br>4490 SOUTHSIDE BLVD.<br>JACKSONVILLE FL 32216 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ASSISTANT SECRETARY<br>WILLIAM R. KUHN, JR.<br>13210 PERRY CYPRESS DRIVE<br>JACKSONVILLE, FL 32223 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BURNETT, WILLIAM R<br>5545 BROADWATER LANE<br>CLARKSVILLE MD 21029 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>JOHNSTON, JOHN A<br>915 ELM STREET<br>HINSDALE IL 60521 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E034 (10/02)

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:** Howard Korman HOWARD KORMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #