## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**NONPROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

UPPEI	1 SUNCOAST DUG OBED	MENCE CLUB INC							
Principal Place of Business		Mailing Address						31611 OLDII CHU DIE	
C/O SUZETTE 589 COACHLIC DUNEDIN FL 3 US	BHT WAY	% GEORGE I BARNARD 1763 BAYSHORE BLVD DUNEDIN FL 34698 US				3. Date Incorporated or Q	T WRITE IN THI	Date of Last Re	•
A District	DI					01/28/1964		03/06/199	16
2. Principal	Place of Business	2a, Mailing Address				4. FEI Number 59-1740464		<del></del>	plied For t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				· <del></del>				\$8.75 A	
27						5. Certificate of Status De	sired	Fee Red	
City & Ste	ite	City & State	<del></del>			6. Election Campaign Fina		\$5.00	May Be
23	Country	<b>28</b>	28			Trust Fund Contribution Added to Fees			
Zip 24	26 29 30		$\vdash$			<ol><li>This corporation owes or Personal Property Tax or</li></ol>	owes or has paid the current year letangible y Tax due June 30.		
	9. Name and Address of Cur		1301		1	D. Name and Address of			140
				81 Name	е	_			
GHADAH	LDO, DAVID		ļ	<u>. E</u>	USA	J BARNAT	45		
	NBRIDGE RD				t Address 7 6 ろ	(P.O. Box Number is Not A			
APT A	TO TO TO		<u> </u>	B3		MAY SAVILE	עישונו		- · · · · · · · · · · · · · · · · · · ·
	ARBOR FL 34698		1						
1,72,77				84 City	DUNI	FDIN	F	L  85   Zip C	698
11. Pursident	to the provisions of Sections 617.0	0502 and 617.1508, Florida Statu	ites, the ab	ove-named	d corpora	tion submits this statement	for the purpose	of changing its	registered
agent. I	to the provisions of Sections 617.0 registered agent, or both, in the St armanuar with, and accept the ob	ate of Florida. Such change was bliggraphs of Section 617.0503li	Huthorized orida Statu	by the cor ites.	rporation's	s board of directors. I here	by accept the a	ppointment as r	egistered
SIGNATURE	William Shi	EMILN AND DO							
			TE: Registered	Agent signatur	ite tedriked M	hen reinstating)	DATE		
12.		AND DIRECTORS	13.		1	ADDITIONS/CHANGES T			
TITLE	<b>80</b>	☐ DELETE	1.1 1111			EASURE ( 7010	enc.	Change	☐ Addition
NAME	POPPLER, ALICE		1.2 NAI			A. Auce			
STREET ADDRESS	2124 CATALINA DR	÷		EET ADDRESS		Y CATALLINA D			
CITY-ST-ZIP TITLE	CLEARWATER FL	DELETE		(-ST-ZIP	cee	MUNTER FL	-		V
NAME	PARIADO SCOPOR I	DELETE	2.1 TITI		Ken	NEDY, DAM FINEHURST NEDYN, FC	A D	L Unange	Addition
	BANNARD GEORGE I		2.2 NA		1415	- finething	KUR	- 560	RETHE
STREET ADDRESS	1736 BAYSHORE BLVD			EET ADDRESS	1	ALTENNIFE. FC.	30660	, war	CZOK
CITY+ST-ZIP TITLE	D D	QELETE	2.4 CH	Y-ST-ZIP	200		PEEO	Change	Addition
NAME	KEMP, PAT		3.2 NAM			onniii	12317	458	
STREET ADDRESS				EET ADDRESS		8000C	710797	010790	02
CITY-ST-ZIP	TARPON SPGS FL			Y - ST - ZIP		<b>审</b> 簿	***61.25	******6	1.25
TITLE		DELETE	4.1 TITL		PRE	SIDENT		☐ Change ∡	Addition
NAME	GDAMALDO, DAVID	<b>/</b> \	4. 2 NA	<b>ME</b>		SA T. BARNI	4RD		.—
STREET ADDRESS	115 DUNBRIDGE RD			EET ADDRESS		BAYSHORE			
CITY-ST-ZIP	PALM HARBOR-FL		4.4 CITY	-ST-ZIP		IBDIN FL 3			
TITLE	<b>&gt;</b> <	☐ DELETE	5.1 T(T)	E				Change	Addition
NAME	CARLSON, ANDREA		F 0.1144	-		「REWDENT/		/ -	
STREET ADORESS			5.2 NAA	lt.	CAR	FREWDENT/	γ4.		
CITY-ST-ZIP	P.O. BX 2832 N/A			ET ADDRESS	CAR.	LSON, ANDRE	BLUD		
			5.3 STR	ET ADDRESS	CAR.	LSON, ANDRE	BLUD		
TITLE	P.O. BX 2632 N/A	DELETE	5.3 STR	ET ADDRESS	CAR. 1529 DUN BUMA	LSON, ANDRE LBAYSHORE VAUN PC 39 LACDO, PAULD	A BCUD BCUD DRECTOR	☐ Change	Addition
TITLE NAME	P.O. BX 2632 N/A	DELETE	5.3 STR 5.4 CITY	EET ADDRESS '- ST- ZIP E	CAR. 1529 DUN BUMA	LSON, ANDRE LBAYSHORE VAUN PC 39 LACDO, PAULD	A BCUD BCUD DRECTOR	Change	Addition
	P.O. BX 2632 N/A	DELETE	5.3 STR 5.4 CITY 6.1 TITL 6.2 NAM	EET ADDRESS '- ST- ZIP E	CAR. 1529 DUN BUMA	LSON, ANDRE	A BCUD BCUD DRECTOR	Change	Addition

14. I do hereby certify that the Information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(I). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if openinged or on an all achment with an address.

**APPROVED** 

AND

1997 OCT -6 AM 10: 07

SECRETARY OF STATE TALLAHASSEE. FLORIDA