## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATIÓN ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 706761

### UPPER SUNCOAST DOG OBEDIENCE CLUB INC

Principal Place of Business
USDOC
1415 PINEHURST RD #G DUNEDIN FL 34698
US

Mailing Address

UPPER SUNCOAST DOG OBEDIENCE CLUB 1415 PINEHURST RD #G **DUNEDIN FL 34698** 

US

# FILED Apr 23, 1999 8:00 am Secretary of State

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	•									
2. Principal P	Principal Place of Business 2a. Mailing Address				3.	Date Incorporated or Qualifed				
21		26					01/28/1964			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	_			4.	FEI Number			Applied For
22	•	27					*59-1740464			Not Applicable
City & State	е	City & State					Certificate of Status Desired	₽	\$8.7	5 Additional
23					3.	Certificate of Status Desired		Fee	Required	
Zip	Country	Zip				6. Election Campaign Financing			\$5.00 May Be	
24	25	29	29 30			Trust Fund Contribution		Added to Fees		
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent					
		<del> </del>		81	Name					
חסחו בח	ALICE				<u> </u>		O. D Nhav in Not Assent	abla)	-	
POPLER, ALICE				82 Street Address (P.O. Box Number is Not Acceptable)						
	HURST RD #G			83	· · · · · · · · · · · · · · · · · · ·					
DUNEDIN	FL 34698									
	•			84	City			<b>E1</b>	85 Z	ip Code
				Ш				F L		ita ragistarad
11. Pursuant	to the provisions of Sections 617.0502 egistered agent, or both, in the State of	and 617.1508, Florida St Florida, Such change w	atutes, the a	bove i bv t	-named o	corporation tration's bo	n submits this statement for the pard of directors. I hereby acce	purpose of pt the appoi	changing ntment as	registered
agent. I a	m familiar with, and accept the obligation	ons of, Section 617.0503,	Florida Stat	utes.			•			•
SIGNATURE										
SIGNATORE	Signature, typed or printed name of registered agent	and title if applicable. (I	NOTE: Registered	Agent	signature rec			DATE		
12.	OFFICERS AND		13.				ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	TD	☐ DELETE	1,1 ∏	πE		S			K Chan	ige
NAME	POPPLER, ALICE		1.2 NAMI							
STREET ADDRESS	2124 CATALINA DR		1.3 S		ADDRESS					
CITY-ST-ZIP	CLEARWATER FL		1.4 Cf		-ZIP					
TITLE	SD	☐ DELETI	2.1 TI	TLE		D			Chan	ge Addition
NAME	KENNEDY, DANA		2.2 N	AME						
STREET ADDRESS	1415 PINEHURST RD #G				ADDRESS					
~ -	DUNEDIN FL 34668	-	2.4 CF		1	-		~		-
CITY-ST-ZIP	P	DELETI				VP			☐ Chan	ge Addition
	·		3.2 N/				ER. JOHN			
NAME	SOLAN, BEVERLY				4000566	241.5	ER, JOHN PAPPALOOSA TA	?		
STREET ADDRESS	1415 PINEHURST RD #G				- 1	PAL	n HARBOR FL	34680	-	
CITY-ST-ZIP	DUNEDIN FL 34698			ITY-SI	I-ZIP	0	יו האמוסטונ דיב .	<i>,,,,,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Char	nge Addition
TITLE	VP	☐ DELETI				۳			GEO CHAI	.90
NAME	UMBERTO, BETTY		4. 2 N							
STREET ADDRESS	1415 PINEHURST RD #G				ADDRESS					
CITY-ST-ZIP	DUNEDIN FL 34698			TY-ST			·		[T] 05	<b> </b>
TITLE	D	DELET!		-		T			Char	nge 🌠 Addition
NAME	GUARALDO, DAVID		5.2 N	-		MICH	AEL FRITZ			
STREET ADDRESS	115 DUNBRIDGE RD		5.3 S	TREET	ADDRESS	729	BALDWIN RD	~		
CITY-ST-ZIP	PALM HARBOR FL		5.4 C	ΠY-\$1	-ZIP	PALM	HARBUR FL	3468	<u>'</u>	
πιε		☐ DELETI	6.1 TI	TLE		D			☐ Char	nge 💽 Addition
NAME			6.2 N	AME		BOCC	A, CYNTHIA			
STREET ADDRESS			6.3 S	TREET	ADDRESS	2321	INDIGO DR			
				TY-ST	.7IP	1100	PWATER FL 33	3762		
CITY-ST-ZIP			V.4 G	01		C C CALL	IWAIER 1 - 2	<del></del>		

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 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 changed, or on an attachment with an address, with all other like empowered.

	UPPER SUNCOAST DIG	OBEDITALE (CUB Tot
	# 70676/	706761
	#12 OFFICERS + DIRECTORS	401180-90126-41
	TITZE D	AD017702
	NAME MELIGAN, BRUCE	
	115TAOORES 29891 70TH STN	78 d 52 d 52 d 8 d 4 d 7
	CITY-ST-ZIP CLEARWATER FL 33761	
	TITLE 0	A90170N
	NAME SILVEY, ALAN	
	STADORESS 3279 MARIGOLD DR	
	CLTY-ST-218 CLEARWATER FL 33761	
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		The state of the s
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