

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715250

1. Entity Name

PENSACOLA DOG FANCIERS' ASSOCIATION, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90085 002 ****61.25

Principal Place of Business

Mailing Address

4240 PARLANGE CIR
CANTONMENT FL 32533
US

P. O. BOX 17144
PENSACOLA FL 32522-7144
US

801449



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1265201

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

7. Name and Address of New Registered Agent

WHETSTONE, MICHAEL
4290 PARLANGE CIR
CANTONMENT FL 32533

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MOYERS, KIM	
STREET ADDRESS	10050 CENTRE ST	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	REYNOLDS, BETTY	
STREET ADDRESS	224 RUBY AVE	
CITY-ST-ZIP	PENSACOLA FL 32505	
TITLE	T	<input type="checkbox"/> Delete
NAME	WHETSONE, MICHAEL	
STREET ADDRESS	4290 PARLANGE CR	
CITY-ST-ZIP	CANTONMENT FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCLURE, SUE	
STREET ADDRESS	9631 HOLLOW BROOK DR	
CITY-ST-ZIP	PENSACOLA FL 32574	
TITLE	D	<input type="checkbox"/> Delete
NAME	YOUNG, PAT	
STREET ADDRESS	7990 BORSTAFF RD	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIBBS, RAY	
STREET ADDRESS	4444 YOUNG RD	
CITY-ST-ZIP	PENSACOLA FL 32526	

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sharon Girven	
STREET ADDRESS	6736 Nichols Drive	
CITY-ST-ZIP	Milton, FL 32570	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ray Gibbs	
STREET ADDRESS	4444 Young Rd	
CITY-ST-ZIP	Pensacola, FL 32526	
TITLE	Board of Directors	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Betty Reynolds	
STREET ADDRESS	224 Ruby Ave	
CITY-ST-ZIP	Pensacola FL 32505	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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:

SIGNATURE REQUIRED Michael Whetstone 4/29/2000 (950) 469 3572

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)