

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90110 044 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # 718501

1. Entity Name

FLORIDA WEST COAST DOBERMAN PINSCHER CLUB, INC.

Principal Place of Business

Mailing Address

13004 CREEK MANOR COURT
 RIVERVIEW FL 33569
 US

4207 LAKEWOOD DRIVE
 SEFFNER FL 33584-4311
 US

2. Principal Place of Business

3. Mailing Address

5111 Longfellow Ave
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Tampa FL

City & State

4. FEI Number
 23-7127839

Applied For
 Not Applicable

Zip
 33629

Country
 USA

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

SMITH, ROY
 25078 DAN BROWN HILL RD
 BROOKSVILLE FL 34602

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:
FEES 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	T	<input type="checkbox"/> Delete
NAME	WADE, KIMBERLY	
STREET ADDRESS	4207 LAKEWOOD DRIVE	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRADSTED, LINDA	
STREET ADDRESS	102 TALLEY CT	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	THARP, DIANNE	
STREET ADDRESS	13004 CREEK MANOR COURT	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	D	<input type="checkbox"/> Delete
NAME	FIREMAN, HERMA	
STREET ADDRESS	1721 HAMPTON LN	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COMBS, PAUL	
STREET ADDRESS	13504 GALENA PLACE	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE	P	<input type="checkbox"/> Delete
NAME	RUKSTELE, RANDAL	
STREET ADDRESS	11950 81ST AVENUE NORTH	
CITY-ST-ZIP	SEMINOLE FL 33772	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Glen Wade	
STREET ADDRESS	4207 Lakewood Dr	
CITY-ST-ZIP	Seffner FL 33584	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michel Poklepovic	
STREET ADDRESS	5111 Longfellow Ave	
CITY-ST-ZIP	Tampa FL 33629	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Randal Rukstale	
STREET ADDRESS	11950 81ST AVENUE NORTH	
CITY-ST-ZIP	Seminole FL 33772	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Susan Smith	
STREET ADDRESS	25078 Dan Brown Hill Rd	
CITY-ST-ZIP	Brooksville FL 34602	

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: *Kimberly L Wade* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 DATE: 1/5/2000 DAYTIME PHONE #: 813-689-1509

CR2E037 (9/99)