

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718501

1. Entity Name

FLORIDA WEST COAST DOBERMAN PINSCHER CLUB, INC.

Principal Place of Business

5111 LONGFELLOW AVE  
TAMPA FL 33629  
US

Mailing Address

4207 LAKEWOOD DRIVE  
SEFFNER FL 33584  
US

2. Principal Place of Business

13004 CREEK MANOR CT

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

RIVERVIEW FL

City & State

4. FEI Number

23-7127839

Applied For

Not Applicable

Zip

33569

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:  
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

T ☐ Delete  
NAME WADE, KIMBERLY  
STREET ADDRESS 4207 LAKEWOOD DRIVE  
CITY-ST-ZIP SEFFNER FL 33584

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D ☐ Delete  
NAME WADE, GLEN  
STREET ADDRESS 4207 LAKEWOOD DR  
CITY-ST-ZIP SEFFNER FL 33584

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

S ☐ Delete  
NAME POKLEPOVIC, MICHEL  
STREET ADDRESS 5111 LONGFELLOW AVE  
CITY-ST-ZIP TAMPA FL 33629

☒ Change ☐ Addition  
NAME S DIANNE THARP  
STREET ADDRESS 13004 CREEK MANOR CT  
CITY-ST-ZIP RIVERVIEW FL 33569

D ☐ Delete  
NAME RUKSTELE, RANDAL  
STREET ADDRESS 11950 81ST AVE N  
CITY-ST-ZIP SEMINOLE FL 33772

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VP ☐ Delete  
NAME COMBS, PAUL  
STREET ADDRESS 13504 GALENA PLACE  
CITY-ST-ZIP TAMPA FL 33626

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P ☐ Delete  
NAME SMITH, SUSAN  
STREET ADDRESS 25078 DAN BROWN HILL RD  
CITY-ST-ZIP BROOKSVILLE FL 34602

☐ Change ☐ 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

*Kimberly Wade* *Kimberly L Wade*

1/3/01

813-218-4150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

C 7833

FILED  
Jan 19, 2001 8:00 am  
Secretary of State

01-19-2001 90047 015 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE