

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91764 044 ****61.25

DOCUMENT # 722870

1. Entity Name
GREATER OCALA DOG CLUB, INC.

Principal Place of Business Mailing Address
 10205 NW GAINESVILLE RD P.O. BOX 1253
 OCALA FL 34482 US OCALA FL 34478-1253
 US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1581117** Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FANTELLI, ROY J.
14951 SE HWY 19
INGLIS FL 34449

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 _____ (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 NAME	P FANTELLI, ROY	<input type="checkbox"/> Delete
STREET ADDRESS	14951 SE HWY 19	
CITY-ST-ZIP	INGLIS FL 34449	
TITLE NAME	D KEEDY, DIANE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	PO BOX 1688	
CITY-ST-ZIP	LADY LAKE FL 32158	
TITLE NAME	D BLACK, GRACE	<input type="checkbox"/> Delete
STREET ADDRESS	PO BOX 2118	
CITY-ST-ZIP	BUNNELL FL 32110	
TITLE NAME	D POSTLEY, CAROL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	9250 NE 60TH AVE	
CITY-ST-ZIP	OCALA FL 34482	
TITLE NAME	D GARBER, JERRY L	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 283 N/A	
CITY-ST-ZIP	CITRA FL 32113	
TITLE NAME	D LYNN, JIMMY	<input type="checkbox"/> Delete
STREET ADDRESS	PO BOX 1817	
CITY-ST-ZIP	BELLEVIEW FL 34421	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	VP KEVIN VANWANT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	4600 SE 30TH COURT	
CITY-ST-ZIP	OCALA, FL. 34480	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D JOYCE FERRANTE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	PO BOX 231	
CITY-ST-ZIP	MORRISTON, FL. 32668	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D PHILIP BRIASCO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7 LAKE WOOD CIRCLE	
CITY-ST-ZIP	OCALA, FL. 34482	

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: *Roy J. Fantelli* **ROY J. FANTELLI** Date **5-1-02** Daytime Phone # **252 447-4271**

CR2E037(9/01)