


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 28, 2003 8:00 am**  
**Secretary of State**

01-28-2003 90066 007 \*\*\*\*61.25

**DOCUMENT # 722870**

1. Entity Name  
**GREATER OCALA DOG CLUB, INC.**



Principal Place of Business  
**10205 NW GAINESVILLE RD  
OCALA FL 34482  
US**

Mailing Address  
**P.O BOX 1253  
OCALA FL 34478-1253  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1581117**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**FANTELLI, ROY J  
14951 SE HWY 19  
INGLIS FL 34449**

7. Name and Address of New Registered Agent  
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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>FANTELLI, ROY</b>	
STREET ADDRESS	<b>14951 SE HWY 19</b>	
CITY-ST-ZIP	<b>INGLIS FL 34449</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>VANWART, KEVIN</b>	
STREET ADDRESS	<b>4600 SE 30TH CT</b>	
CITY-ST-ZIP	<b>OCALA FL 34480</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BLACK, GRACE</b>	
STREET ADDRESS	<b>PO BOX 2118</b>	
CITY-ST-ZIP	<b>BUNNELL FL 32110</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FERRANTE, JOYCE</b>	
STREET ADDRESS	<b>PO BOX 231</b>	
CITY-ST-ZIP	<b>MORRISTON FL 32668</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BRIASOD, PHILLIP</b>	
STREET ADDRESS	<b>7 LAKEWOOD CIRCLE</b>	
CITY-ST-ZIP	<b>OCALA FL 34482</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LYNN, JIMMY</b>	
STREET ADDRESS	<b>PO BOX 1817</b>	
CITY-ST-ZIP	<b>BELLEVIEW FL 34421</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOB FORMANEK</b>	
STREET ADDRESS	<b>6578 W. RIVERBEND RD</b>	
CITY-ST-ZIP	<b>DANELLON FL. 34433</b>	
TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHAR HALLENBECK</b>	
STREET ADDRESS	<b>5086 N. PEPPERMITT</b>	
CITY-ST-ZIP	<b>BEVERLY HILLS, FL. 34465</b>	
TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHN MOORE</b>	
STREET ADDRESS	<b>P.O. BOX 936</b>	
CITY-ST-ZIP	<b>WILDWOOD, FL. 34785</b>	

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]* **1-23-03** **352**  
**447-4271**

CR2E037 (10/02)