

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 18, 2000 8:00 am
Secretary of State
 02-01-2000 90100 012 ****61.25

DOCUMENT # 727899

1. Entity Name

LAKELAND-WINTER HAVEN KENNEL CLUB, INC.

Principal Place of Business

419 DONALD ST
 LAKELAND FL 33813
 US

Mailing Address

P.O. BOX 7247
 LAKELAND FL 33807-7247
 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

59-1506829

Applied For

Not Applicable

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

WHEATLEY, SHEILA L.
419 DONALD ST.
LAKELAND FL 33813

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

Sheila L. Wheatley

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-27-00

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PD WHEATLEY, SHEILA L
419 DONALD ST.
LAKELAND FL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
TD SNYDER, CARLENE
117 HICKORY DR
BRANDON FL 33511

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VPD GUGGENHEIM, BONNIE
2070 SHADOW PINE DR
BRANDON FL 33511

TITLE ☒ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
SD PAUL, MARY ANN
16132 ARMISTEAD LN
ODESSA FL 33556

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
SD BOUWKAMP, KATHLEEN
1866 PINNACLE DRIVE
LAKELAND, FL 33813-3058

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

TITLE ☐ 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:

SIGNATURE REQUIRED

Sheila Wheatley
Sheila Wheatley
 President

03/01/00

Date

Daytime Phone #

863-644-3026