

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727899

1. Entity Name

LAKELAND-WINTER HAVEN KENNEL CLUB, INC.

Principal Place of Business

Mailing Address

419 DONALD ST
LAKELAND FL 33813

P.O. BOX 7247
LAKELAND FL 33807
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

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

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

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

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

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SHEILA L. WHEATLEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-02 863-644-3026
Date Daytime Phone #

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90073 033 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)