

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

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90094 037 ****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
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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	WHEATLEY, SHEILA L.	419 DONALD ST.	LAKELAND FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	SNYDER, CARLENE	117 HICKORY DR	BRANDON FL 33511	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VPD	GUGGENHEIM, BONNIE	2070 SHADOW PINE DR	BRANDON FL 33511	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	BOUWKAMP, KATHLEEN	1866 PINNACLE DRIVE	LAKELAND FL 33813-3058	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

1-30-03 (863)-644-3026

CR2E037 (10/02)