

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729763

1. Entity Name

GREAT DANE CLUB OF SOUTH FLORIDA, INC.

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90035 050 ****61.25

Principal Place of Business

Mailing Address

4521 N.E. 15 TERRACE
POMPANO BEACH FL 33064-5830
US

4521 N.E. 15 TERRACE
POMPANO BEACH FL 33064-5830
US

2. Principal Place of Business

1915 N.E. 48 COURT

Suite, Apt. #, etc.

3. Mailing Address

1915 N.E. 48 COURT

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Pompano Bch., FL

Zip

Country

USA

City & State

Pompano Bch., FL

Zip

Country

USA

4. FEI Number

59-1794478

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ELTOFT, LARRY L
4521 NE 15 TERRACE
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1915 N.E. 48 COURT

City

POMPANO BEACH

FL

Zip Code

33064-5811

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

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

NAME	D RAIFORD, DIANE 721 N. 72 TERR. HOLLYWOOD FL	<input checked="" type="checkbox"/> Delete	TITLE	S DONNA Mc Kee 19603 90 ST. N. LOXAHATCHEE, FL 33470	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ST-ZIP			NAME	D SUSAN L. ELTOFT 1915 N.E. 48 CT. POMPANO Bch., FL 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ST-ZIP			STREET ADDRESS		
ST-ZIP			CITY-ST-ZIP		
NAME	P DEMOTT, CATHY 2301 PECAN CT PEMBROOK PINES FL	<input type="checkbox"/> Delete	TITLE	T LARRY L. ELTOFT 1915 NE 48 CT POMPANO Bch., FL 33064	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP			NAME		
ST-ZIP			STREET ADDRESS		
ST-ZIP			CITY-ST-ZIP		
NAME	T ELTOFT, LARRY L 4521 NE 15 TERRACE POMPANO BEACH FL 33064	<input type="checkbox"/> Delete	TITLE	S DONNA J. Mc Kee 17603 90 STREET NORTH LOXAHATCHEE, FL 33470	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ST-ZIP			NAME		
ST-ZIP			STREET ADDRESS		
ST-ZIP			CITY-ST-ZIP		
NAME	S ELTOFT, SUSAN 4521 NE 15 TERRACE POMPANO BEACH FL 33064	<input checked="" type="checkbox"/> Delete	TITLE	D TINA SIMMONS 1064 PINE BRANCH DR. FT. LAM., FL 33320	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ST-ZIP			NAME		
ST-ZIP			STREET ADDRESS		
ST-ZIP			CITY-ST-ZIP		
NAME	D WIGGINS, MARIA 12940 WILTON RD N PALM Bch FL 33408	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP			NAME		
ST-ZIP			STREET ADDRESS		
ST-ZIP			CITY-ST-ZIP		
NAME	VP GALE, GARY 16737 MELLEN LN JUPITER FL 33183	<input checked="" type="checkbox"/> Delete	TITLE		
ST-ZIP			NAME		
ST-ZIP			STREET ADDRESS		
ST-ZIP			CITY-ST-ZIP		

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: LS RAIFORD REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/00 954.484.7777

Date

Daytime Phone #

CR2E037 (9/99)