

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733440

1. Entity Name

THE SOUTH FLORIDA SCHUTZHUND CLUB, INC.

Principal Place of Business

17301 SW 48 ST
FT LAUDERDALE FL 33331
US

Mailing Address

P.O. BOX 650874
MIAMI FL 33165
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MAXWELL, ROBERT G
135 WESTWARD DRIVE
MIAMI SPRINGS FL 33166

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.

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
After September 12, 2001, min. will be \$236.25

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 VPD
JACKSON, KENNETH C
STREET ADDRESS 26020 SW 192 AVE
CITY-ST-ZIP HOMESTEAD FL 33031

TITLE ☐ Delete

NAME SD
ROSEN, PAMELA
STREET ADDRESS 3870 POINCIANCE DR
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE ☐ Delete

NAME PD
HOELCHER, PHILIP
STREET ADDRESS 19425 SW 232 STREET
CITY-ST-ZIP HOMESTEAD FL 33170

TITLE ☐ Delete

NAME TD
HOLLEY, ROBIN
STREET ADDRESS 17301 SW 48 ST
CITY-ST-ZIP FT LAUDERDALE FL

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
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CITY-ST-ZIP

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

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90003 038 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (5/01)

8-27-01 954-557-5791