

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91579 019 ****61.25

DOCUMENT # 734455

1. Entity Name

SOUTH FLORIDA DOG HUNTING ASSOC. INC.

Principal Place of Business

10602 MARINA PL.
 BOCA RATON FL 33428

Mailing Address

9142 155 ROAD N
 JUPITER FL 33478

2. Principal Place of Business

9142 155 RD N

3. Mailing Address

Suite, Apt. #, etc.

JUPITER, FL

City & State

City & State

4. FEI Number

59-1655322

Applied For

Not Applicable

Zip
 33428

Country

PALM BEACH

Zip

Country

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

LINLEY, GEORGE
 9142 155 ROAD NORTH
 JUPITER FL 33478

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

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

5-11-01

(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	D	<input type="checkbox"/> Delete
NAME	DOMANDO, TOM	
STREET ADDRESS	980 HIBISCUS DR	
CITY-ST-ZIP	ROYAL PALM BEACH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	LINLEY, GEORGE	
STREET ADDRESS	9142 155 ROAD NORTH	
CITY-ST-ZIP	JUPITER FL 33478	
TITLE	S	<input type="checkbox"/> Delete
NAME	DOMANDO, SANDIE	
STREET ADDRESS	980 HIBISCUS DR	
CITY-ST-ZIP	ROYAL PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEADON, CHARLES	
STREET ADDRESS	16700 W CHELTENHAM DR.	
CITY-ST-ZIP	LOX FL 33470	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JONES, MIKE	
STREET ADDRESS	831 N. HAVERHILL RD.	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/00)

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:

George Linley
 SIGNATURE REQUIRED

5-11-01