

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734455

1. Entity Name

SOUTH FLORIDA DOG HUNTING ASSOC. INC.

Principal Place of Business

9142 155 ROAD N
JUPITER FL 33478

Mailing Address

9142 155 ROAD N
JUPITER FL 33478

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

59-1655322

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-12-02

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 ☐ Delete
NAME DOMANDO, TOM
STREET ADDRESS 980 HIBISCUS DR
CITY-ST-ZIP ROYAL PALM BEACH FL

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

TITLE T ☐ Delete
NAME LINLEY, GEORGE
STREET ADDRESS 9142 155 ROAD NORTH
CITY-ST-ZIP JUPITER FL 33478

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

TITLE S ☐ Delete
NAME DOMANDO, SANDIE
STREET ADDRESS 980 HIBISCUS DR
CITY-ST-ZIP ROYAL PALM BEACH FL

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

TITLE D ☐ Delete
NAME PEADON, CHARLES
STREET ADDRESS 16700 W CHELTENHAM DR.
CITY-ST-ZIP LOX FL 33470

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

TITLE VP ☒ Delete
NAME JONES, MIKE
STREET ADDRESS 831 N. HAVERHILL RD.
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE ☒ Change ☐ Addition
NAME CHARLIE CROOKS
STREET ADDRESS 3100 OLD EDWARDS RD
CITY-ST-ZIP FT PIERCE, FL

TITLE ☐ Delete
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-02 561 820 8434

CR2E037 (9/01)