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

FILED
Feb 03, 2003 8:00 am
Secretary of State
02-03-2003 90285 047 ****61.25

DOCUMENT # 735170

1. Entity Name

INDIAN RIVER DOG TRAINING CLUB, INC.

Principal Place of Business	Mailing Address
1480 MEADOWBROOK ROAD N.E. PO BOX 861 PALM BAY FL 32906-0861 US	P.O. BOX 060861 PO BOX 861 PALM BAY FL 32906-0861 US

☑ CHECK HERE IF MAKING CHANGES

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 59-2858366 ☐ 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
DILLARD, WILLIAM N 1480 MEADOWBROOK RD., N.E. PALM BAY FL 32905-5007	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	P FETTROW, ART 1618 GIVENS COURT NORTHWEST PALM BAY FL 32907	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pamela Baxter 3595 Hammock Trail Melbourne, FL 32934	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KESSEL, KATHLEEN 353 BRICKELL ST., S.E. PALM BAY FL 32909	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Georgia Randall 642 Espanda Way Melbourne, FL 32901	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T COURTNEY, VIRGINIA *1920 MICHELS DR NE* *PALM BAY FL 32905*	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Joan Wells 955 Riviera Ave Sebastian FL 32958	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAVARESE, TOM 1539 HUFF ST MELBOURNE FL 32935	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RUSSELL, MARILYN 1321 YORK CIRCLE MELBOURNE FL 32904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MATZOK, CHRIS 6925 COTTONWOOD DRIVE GRANT FL 32949	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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 Virginia Courtney 1-31-03 321-724-1904
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR