

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751299

1. Entity Name

INVERNESS, FLA. KENNEL CLUB, INC.

FILED

Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90079 016 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 328
PO BOX 328 ROCK CRUSHER RD
LECANTO FL 34461-328
US

P.O. BOX 328
PO BOX 328 ROCK CRUSHER ROAD
LECANTO FL 34460-0328
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2481794

Applied For

Not Applicable

Zip

Country

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

WHITTENHALL, JANE
ROCK CRUSHER ROAD
P.O. BOX 328
LECANTO FL

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

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 PD ☐ Delete
NAME WHITTENHALL, JANE
STREET ADDRESS BX 328, ROCK CRUSHER RD
CITY-ST-ZIP LECANTO FL 34461

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

TITLE D ☐ Delete
NAME JEANNINE COATS
STREET ADDRESS 2210 E. SHALES CT
CITY-ST-ZIP HERNANDO FL 34442

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

TITLE D ☐ Delete
NAME GANGLER, MARLA
STREET ADDRESS 3310 N. TYRONE AVE
CITY-ST-ZIP HERNANDO FL 34442

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

TITLE D ☐ Delete
NAME ANDERDSON, CORAL
STREET ADDRESS 10073 DOMINGO DR.
CITY-ST-ZIP BROOKSVILLE FL 34601

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

TITLE TD ☐ Delete
NAME MUCHTIN, LEONA
STREET ADDRESS 3848 W. DOUGLAS FIR CIRCLE
CITY-ST-ZIP BEVERLY HILLS FL 34465

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

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: LEONA MUCHTIN / 2-20-00 / 352-746-4073

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)