

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762846 ✓

1. Entity Name

Tampa Bay Terrier Club, Inc.

FILED
Mar 25, 2000 8:00 am
Secretary of State

03-25-2000 90008 027 ****61.25

00044374

Principal Place of Business Mailing Address
c/o Jana Read c/o Jana Read
2780 Country Way 2780 Country Way
Clearwater, FL 33763 Clearwater, FL 33763

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

59-2205967

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Read, Jana M.
2780 Country Way
Clearwater, FL 33763

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

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	<input type="checkbox"/> Delete
NAME	King, Bruce	
STREET ADDRESS	1212 Lake Charles Cr.	
CITY-ST-ZIP	Luts, FL 33549	
TITLE	VD	<input type="checkbox"/> Delete
NAME	Williamson, Samantha	
STREET ADDRESS	117 Dunbridge Dr.	
CITY-ST-ZIP	Palm Harbor, FL 34684	
TITLE	TD	<input type="checkbox"/> Delete
NAME	Verville, John	
STREET ADDRESS	1184 36th Ave. NE	
CITY-ST-ZIP	St. Petersburg, FL 33704	
TITLE	SD	<input type="checkbox"/> Delete
NAME	Lorand, Marj	
STREET ADDRESS	1445 Corey Way S.	
CITY-ST-ZIP	S. Pasadena, FL 33707	
TITLE	SD	<input type="checkbox"/> Delete
NAME	Axelrod, Ellen	
STREET ADDRESS	606 Knollwood Dr.	
CITY-ST-ZIP	Largo, FL 33770	
TITLE	D	<input type="checkbox"/> Delete
NAME	Cone, Lynn	
STREET ADDRESS	2481 Hickman Cr.	
CITY-ST-ZIP	Clearwater, FL 33761	

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

JOHN R. VERVILLE

3/30/2000

Date

727-796-0203

Daytime Phone #

CR2E037 (9/99)