

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90099 040 ****61.95

DOCUMENT # 762846

1. Entity Name

TAMPA BAY TERRIER CLUB, INC.

Principal Place of Business

C/O JANA READ
 2780 COUNTRY WAY
 CLEARWATER FL 33765
 US

Mailing Address

C/O JANA READ
 2780 COUNTRY WAY
 CLEARWATER FL 33765
 US

2. Principal Place of Business

C/O Linda Lopez
 Suite, Apt. #, etc.
 709 W. River Heights

3. Mailing Address

C/O Linda Lopez
 Suite, Apt. #, etc.
 709 W. River Heights

City & State

Tampa, Florida

City & State

Tampa, Florida

Zip
 33603

Country
 USA

Zip
 33603

Country
 USA

4. FEI Number

59-2205967

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

READ, JANA M
2780 COUNTRY WAY
CLEARWATER FL 33765

7. Name and Address of New Registered Agent

Name

Linda Lopez

Street Address (P.O. Box Number is Not Acceptable)

709 W. River Heights

City

Tampa

FL

Zip Code
33603

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 **Linda Lopez - Treasurer**

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

Linda Lopez

(NOTE: Registered Agent signature required when reinstating)

4/25/01

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

TITLE **PD** ☒ Delete
 NAME **KING, BRUCE**
 STREET ADDRESS **1212 LAKE CHARLES CIR.**
 CITY-ST-ZIP **LUTZ FL 33549**

TITLE **TD** ☒ Delete
 NAME **VERVILLE, JOHN**
 STREET ADDRESS **1184 36TH AVE NE**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33704**

TITLE **SD** ☒ Delete
 NAME **LORANO, MARJORIE**
 STREET ADDRESS **1445 COREY WAY S**
 CITY-ST-ZIP **SOUTH PASADENA FL 33707**

TITLE **SD** ☒ Delete
 NAME **AXELROD, ELLEN**
 STREET ADDRESS **606 KNOLLWOOD DR**
 CITY-ST-ZIP **LARGO FL 33770**

TITLE **D** ☒ Delete
 NAME **CONE, LYNN**
 STREET ADDRESS **2481 HICKMAN CR**
 CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
 NAME **Williamson, Samantha**
 STREET ADDRESS **1305 NEW YORK AVE**
 CITY-ST-ZIP **DUNEDIN, FL 33428**

TITLE **TD** ☒ Change ☐ Addition
 NAME **Lopez, Linda**
 STREET ADDRESS **709 W. River Heights**
 CITY-ST-ZIP **Tampa, FL 33603**

TITLE **SD** ☒ Change ☐ Addition
 NAME **Spencer, Denzel**
 STREET ADDRESS **1976 Levine Lane**
 CITY-ST-ZIP **Clearwater, FL 33760**

TITLE **SD** ☒ Change ☐ Addition
 NAME **Read, Jana**
 STREET ADDRESS **2451 Hickman Circle**
 CITY-ST-ZIP **Clearwater, FL 33761**

TITLE **VD** ☒ Change ☐ Addition
 NAME **Lopez, Anthony**
 STREET ADDRESS **709 W. River Heights**
 CITY-ST-ZIP **Tampa, FL 33603**

TITLE **D** ☒ Change ☐ Addition
 NAME **Schrimpf, Kathleen**
 STREET ADDRESS **5317 Las Flores Via**
 CITY-ST-ZIP **New Port Richey, FL 34655**

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: **Jana M. Read, Corresponding Secretary**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)