

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****May 30, 2002 8:00 am**
Secretary of State

05-30-2002 91605 046 ****61.25

DOCUMENT # 762846

1. Entity Name

TAMPA BAY TERRIER CLUB, INC.

Principal Place of Business

Mailing Address

**C/O LINDA LOPEZ
709 W. RIVER HEIGHTS
TAMPA FL 33603
US****C/O LINDA LOPEZ
709 W. RIVER HEIGHTS
TAMPA FL 33603
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2205967

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****LOPEZ, LINDA
709 W. RIVER HEIGHTS
TAMPA FL 33603**

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 \$61.259. 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	WILLIAMSON, SAMANTHA	
STREET ADDRESS	1305 NEW YORK AVE	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LOPEZ, LINDA	
STREET ADDRESS	709 W. RIVER HEIGHTS	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SPENCER, DENZEL	
STREET ADDRESS	1976 LEVINE LANE	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	READ, JANA	
STREET ADDRESS	2451 HICKMAN CIRCLE	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LOPEZ, ANTHONY	
STREET ADDRESS	709 W. RIVER HEIGHTS	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHRIMPF, KATHLEEN	
STREET ADDRESS	5317 LAS FLORES VIA	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Williamson Sandra	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donni Adams	
STREET ADDRESS	2723 Kala Lane	
CITY-ST-ZIP	Plant City, FL 33565	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ellen Axelrod	
STREET ADDRESS	606 Knollwood Dr	
CITY-ST-ZIP	Largo, FL 33770	
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		

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 #

5/28/02 727-539-5886

CR2E037 (9/01)