

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

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90199 033 ****70.00

0065394


DOCUMENT # 767992
1. Entity Name
GULF COAST SCHUTZHUND CLUB, INC.



Principal Place of Business: **13454 HAYS RD, SPRING HILL FL 34610, US**
Mailing Address: **13454 HAYS RD, SPRING HILL FL 34610, US**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
City & State: _____
Zip: _____ Country: _____
Zip: _____ Country: _____



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2387514** Applied For: Not Applicable:

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**NEFF, CHRISTINE K
13454 HAYS RD
SPRING HILL FL 34610**

7. Name and Address of New Registered Agent
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

TITLE: PD NAME: SPIVEY, THOMAS STREET ADDRESS: 8316 QUAIL HOLLOW BLVD. CITY-ST-ZIP: WESLEY CHAPEL FL	<input type="checkbox"/> Delete
TITLE: V NAME: JERRY, GARBER M STREET ADDRESS: P.O. BOX N/A CITY-ST-ZIP: CITRA FL 32113	<input type="checkbox"/> Delete
TITLE: SD NAME: CAROLY BOUDREAU STREET ADDRESS: 27752 RAVENSBROOK RD CITY-ST-ZIP: WESLEY CHAPEL FL	<input checked="" type="checkbox"/> Delete
TITLE: TD NAME: NEFF, CHRISTINE STREET ADDRESS: 13454 HAYS RD CITY-ST-ZIP: SPRING HILL FL	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VSD NAME: Jerry Garber M STREET ADDRESS: P.O. Box N/A CITY-ST-ZIP: Citra, FL 32113	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: Eric E. Neff STREET ADDRESS: 13454 Hays Rd. CITY-ST-ZIP: Spring Hill, FL 34610	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Christine Neff 5/1/03 813-95-0059

CR2E037 (10/02)