

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F12404

1. Entity Name

GERMAN SHORTHAIRED POINTER CLUB OF NORTH FLORIDA

FILED
Sep 20 2000 8:00 am
Secretary of State

Principal Place of Business

17760 121 ST TERR N
JUPITER FL 33478
US

Mailing Address

17760 121 ST TERR N
JUPITER FL 33478
US

2. Principal Place of Business

% Steven Herman, 13945 5th St
Suite, Apt. #, etc.

3. Mailing Address

% Steven Herman, 13945 5th Street
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Dade City, FLORIDA

City & State

Dade City, FLORIDA

4. FEI Number

59-2713605

Applied For

Not Applicable

Zip

33525

Country

US

Zip

33525

Country

US

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GIGLIOTTI, PAULA
17760 121 ST TERR N
JUPITER FL 33478

7. Name and Address of New Registered Agent

Name

STEVEN HERMAN

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

13945 5TH STREET

City

DADE CITY

FL

Zip Code

33525

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

Steven Herman STEVEN HERMAN

JULY 26, 2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	STANFILL, MINDY	
STREET ADDRESS	15318 INDIAN HEAD DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	JACOBS, REBECCA	
STREET ADDRESS	7178 NATCHEZ	
CITY-ST-ZIP	NORTH PORT FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	RUELA, JOE	
STREET ADDRESS	82 LAKEVIEW DR., E.	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARRISON, SUSAN	
STREET ADDRESS	1004 SE 6TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	STANFILL, HIRAM	
STREET ADDRESS	15318 INDIAN HEAD DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MELISSA SIMBERLUND	
STREET ADDRESS	806 CORY CAMPBELL RD.	
CITY-ST-ZIP	FT. PIERCE, FL 34982	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200003417842--4	
STREET ADDRESS	-10/06/00--01136--009	
CITY-ST-ZIP	***\$550.00 ***\$550.00	
TITLE	T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOROTHY H. THOMPSON	
STREET ADDRESS	1541 BRIGHAM LOOP	
CITY-ST-ZIP	GENEVA, FL 32732-9741	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EVELYN MALONEY	
STREET ADDRESS	7060 SE 67 CT	
CITY-ST-ZIP	TRENTON, FL 32693	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TODD KHOUFF	
STREET ADDRESS	P.O. BOX 1604	
CITY-ST-ZIP	NEWBERRY, FL 32669	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

JULY 26, 2000

Date

407-349-4871

Daytime Phone #

CR2E034 (5/00)