

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90200 002 ***150.00

0411508 AV

DOCUMENT # F12404

1. Entity Name

GERMAN SHORTHAIRED POINTER CLUB OF NORTH FLORIDA, INC.

Principal Place of Business

**C/O STEVEN HERMAN
13945 5TH STREET
DADE CITY FL 33525
US**

Mailing Address

**C/O STEVEN HERMAN
13945 5TH STREET
DADE CITY FL 33525
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2713605

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HERMAN, STEVEN
13945 5TH STREET
DADE CITY FL 33525**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title 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 \$150.00
After May 1, 2002 Fee will be \$550.00
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** ☒ Delete
NAME **SIMBERLUND, MELISSA**
STREET ADDRESS **806 CORY CAMPBELL RD.**
CITY-ST-ZIP **FT. PIERCE FL**

TITLE **D** ☐ Delete
NAME **JACOBS, REBECCA**
STREET ADDRESS **7178 NATCHEZ**
CITY-ST-ZIP **NORTH PORT FL**

TITLE **T** ☐ Delete
NAME **THOMPSON, DOROTHY H**
STREET ADDRESS **1541-BRIGHAM LOOP**
CITY-ST-ZIP **GENEVA FL**

TITLE **P** ☐ Delete
NAME **MALONEY, EVELYN**
STREET ADDRESS **7060 S.E. 67 CT.**
CITY-ST-ZIP **TRENTON FL**

TITLE **VP** ☐ Delete
NAME **KNOUFF, TODD**
STREET ADDRESS **P.O. BOX 1604**
CITY-ST-ZIP **NEWBERRY FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Terri Charron**
STREET ADDRESS **24216 NW 62 Ave**
CITY-ST-ZIP **Alachua FL 32615**

TITLE **President** ☒ Change ☐ Addition
NAME **Rebecca Jacobs**
STREET ADDRESS **7178 Natchez Ct**
CITY-ST-ZIP **North Port FL 34287**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Director** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Vice President** ☐ Change ☒ Addition
NAME **Susan Harrison**
STREET ADDRESS **1004 SE 6 St**
CITY-ST-ZIP **Ft Lauderdale FL 33301**

TITLE ☐ Change ☐ 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 **Dorothy H. Thompson** ☒ Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date **1/20/02** Daytime Phone # **407 349 4871**

CR2E034 (9/01)