

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F95000003475

FILED  
Jan 15, 2002 8:00 AM  
Secretary of State

**Entity Name:** SEAGER CANINE SEMEN BANK, INC.

**Current Principal Place of Business:**

4544 BEACON DRIVE  
SARASOTA, FL 34232

**New Principal Place of Business:**

**Current Mailing Address:**

4544 BEACON DRIVE  
SARASOTA, FL 34232

**New Mailing Address:**

**FEI Number:** 36-3460801

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHUBERT, CAROL  
4544 BEACON DR.  
SARASOTA, FL 34232 US

**Name and Address of New Registered Agent:**

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:**

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SEAGER, S W  
Address: 108 IRVING ST NW  
City-St-Zip: WASHINGTON, DC

Title: ST ( ) Delete  
Name: SCHUBERT, CAROL  
Address: 4544 BEACON DR.  
City-St-Zip: SARASOTA, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: SEAGER, S W  
Address: 108 IRVING ST NW  
City-St-Zip: WASHINGTON, DC US

Title: SC (X) Change ( ) Addition  
Name: SCHUBERT, CAROL  
Address: 4544 BEACON DR.  
City-St-Zip: SARASOTA, FL 34232 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** CAROL SCHUBERT

SC

01/15/2002

Electronic Signature of Signing Officer or Director

Date