

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005755

1. Entity Name

THE BASENJI CLUB OF AMERICA, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90067 019 ****61.25

Principal Place of Business
7800 NW 14TH ST.
OCALA FL 34482-4448

Mailing Address
7800 NW 14TH ST.
OCALA FL 34482-4448



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 38-6109851	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GRUNDMAN, MARGARET B 7800 NW 14TH ST. OCALA FL 34482-4448		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 \$61.25

9. 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 NAME STREET ADDRESS CITY-ST-ZIP	D BOLTE, DAMARA 41674 BROWN'S FARM LN. LEESBURG VA 22075	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRAVES, ANNE 5102 DARNELL HOUSTON TX 77096
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, STAN 611 ROUNDSTONE DR. ST. CHARLES MO 63304	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRUNDMAN, MARGARET 7800 NW 14TH ST OCALA FL 34482 34482	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHREIBER, KARLA 15 N. WHEELING RD. PROSPECT HEIGHTS IL 60070	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREENLEE, MARGARET 9000 SW 19TH AVE RD. OCALA FL 34476	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PAYSINGER, ANDREA 45800 CHALLENGER WAY SPC 239 LANCASTER CA 93535	TITLE 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 #

MARGARET B GRUNDMAN
Treasurer
1-20-00 352-854-7144