

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90161 042 ****61.25

DOCUMENT # F98000005755

1. Entity Name

THE BASENJI CLUB OF AMERICA, INC.

Principal Place of Business

**7800 NW 14TH ST.
OCALA FL 34482-4448**

Mailing Address

**7800 NW 14TH ST.
OCALA FL 34482-4448**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

38-6109851

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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 **D** ☐ Delete
NAME **BOLTE, DAMARA**
STREET ADDRESS **41674 BROWN'S FARM LN.**
CITY-ST-ZIP **LEESBURG VA 22075**

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

TITLE **D** ☐ Delete
NAME **CARTER, STAN**
STREET ADDRESS **611 ROUNDSTONE DR.**
CITY-ST-ZIP **ST. CHARLES MO 63304**

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

TITLE **T** ☐ Delete
NAME **GRUNDMAN, MARGARET**
STREET ADDRESS **7800 NW 14TH ST**
CITY-ST-ZIP **OCALA FL 34402**

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

TITLE **D** ☐ Delete
NAME **SCHREIBER, KARLA**
STREET ADDRESS **15 N. WHEELING RD.**
CITY-ST-ZIP **PROSPECT HEIGHTS IL 60070**

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

TITLE **P** ☐ Delete
NAME **GREENLEE, MARGARET**
STREET ADDRESS **9000 SW 19TH AVE RD.**
CITY-ST-ZIP **OCALA FL 34476**

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

TITLE **V** ☐ Delete
NAME **WUORNOS, SALLY**
STREET ADDRESS **32051 VIRGO ST NE**
CITY-ST-ZIP **NORTH BRANCH MN 55056**

TITLE ☐ Change ☐ Addition
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: **MARGARET B GRUNDMAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-02 352-854-7144

CR2E037 (9/01)