2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Secretary of State DOCUMENT # F98000005755 01-23-2003 90134 010 ****61.25 1. Entity Name THE BASENJI CLUB OF AMERICA, INC. Principal Place of Business Mailing Address 7800 NW 14TH ST. 7800 NW 14TH ST. OCALA FL 34482-4448 OCALA FL 34482-4448 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 38-6109851 Applied For City & State City & State Not Applicable ·Zip--- -*Country ~Country -- Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 67_Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRUNDMAN, MARGARET B Street Address (P.O. Box Number is Not Acceptable) 7800 NW 14TH ST. OCALA FL 34482-4448 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make Check Payable to 9. Election Campaign Financing \$5.00 May Be **FILE NOW: FEE IS \$61.25** Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Change Addition **BOLTE, DAMARA** NAME NAME 41674 BROWN'S FARM LN. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LEESBURG VA 22075 TITLE ☐ Delete TITLE □ Change ☐ Addition CARTER, STAN NAME NAME 611 ROUNDSTONE DR. STREET ADDRESS STREET ADDRESS CITY*ST-ZIP CITY-ST-ZIP ST. CHARLES MO 63304 TITI F ☐ Delete TITLE Change Addition NAME GRUNDMAN, MARGARET STREET ADDRESS STREET ADDRESS 7800 NW 14TH ST CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34402 TITLE ☐ Delete TITLE ☐ Change ☐ Addition SCHREIBER, KARLA NAME NAME STREET ADDRESS 15 N. WHEELING RD. STREET ADDRESS CITY-ST-ZIP PROSPECT HEIGHTS IL 60070 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition TITLE GREENLEE, MARGARET NAME NAME STREET ADDRESS 9000 SW 19TH AVE RD. STREET ADDRESS CITY-ST-ZIP OCALA FL 34476 CITY-ST-ZIP TITLE Delete ☐ Addition TITLE WUORNOS, SALLY NAME NAME STREET ADDRESS 32051 VIRGO ST NE STREET ADDRESS

FILED

Jan 23, 2003 8:00 am

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 supplier ental 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 an address, with all other like empowered 35 J 54-7144

CITY-ST-ZIP

NORTH BRANCH MN 55056