

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K12898

1. Entity Name

HOUND EARS CLUB, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90072 002 ***150.00

Principal Place of Business

Mailing Address

C/O EDWARD N. CLAUGHTON
777 BRICKELL AVE. SUITE 1130
MIAMI FL 33131

C/O EDWARD N. CLAUGHTON
777 BRICKELL AVE. SUITE 1130
MIAMI FL 33131-2867

2. Principal Place of Business

3. Mailing Address

80 SW 8 STREET

PO Box 188

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2203

City & State

MIAMI FL

City & State

BLOWING ROCK, NC

Zip

33130-3004

Country

USA

Zip

28605

Country

USA

4. FEI Number

65-0026240

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

CLAUGHTON, EDWARD N.
777 BRICKELL AVE
STE 1130
MIAMI FL 33131-2352

Name

CLAUGHTON, EDWARD N.

Street Address (P.O. Box Number is Not Acceptable)

80 SW 8 STREET

SUITE 2203

City

MIAMI

FL

Zip Code

33130-3004

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, 2000 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	DP	<input type="checkbox"/> Delete
NAME	CLAUGHTON, EDWARD N.	
STREET ADDRESS	777 BRICKELL AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	CLAUGHTON, LOIS H.	
STREET ADDRESS	777 BRICKELL AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	SCHMIDT, SUZANNE C.	
STREET ADDRESS	777 BRICKELL AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SCHMIDT, ROBERT	
STREET ADDRESS	777 BRICKELL AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	DTS	<input type="checkbox"/> Delete
NAME	CARTER, WILLIAM R.	
STREET ADDRESS	777 BRICKELL AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	80 SW 8 STREET # 2203	
CITY-ST-ZIP	MIAMI - FL	
TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	80 SW 8 STREET # 2203	
CITY-ST-ZIP	MIAMI FL	
TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	80 SW 8 STREET # 2203	
CITY-ST-ZIP	MIAMI FL	
TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	80 SW 8 STREET # 2203	
CITY-ST-ZIP	MIAMI FL	
TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	80 SW 8 STREET # 2203	
CITY-ST-ZIP	MIAMI FL	

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM R. CARTER 2/25/00 (828) 963 4331

Date

Daytime Phone #

CR2E034 (9/99)