

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90164 048 ****61.25

0089403

DOCUMENT # N00000001950

1. Entity Name

HERNANDO COUNTY KENNEL CLUB, INC.

Principal Place of Business

Mailing Address

**P. O. BOX 5010
 SPRING HILL FL 34611**

**P. O. BOX 5010
 SPRING HILL FL 34611**

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

59-3323168

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

**MAKUC, ALFRED D
 13375 CORTEZ BLVD.
 BROOKSVILLE FL 34613**

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 **P** Delete
 NAME **KOLB, CHARLES**
 STREET ADDRESS **5169 BOSWELL ROAD**
 CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE **P** Change Addition
 NAME **Valeria Dragonswan**
 STREET ADDRESS **3484 Deltona Blvd.**
 CITY-ST-ZIP **Spring Hill, Fl. 34606**

TITLE **V** Delete
 NAME **DRAGONSWAN, VALERIA**
 STREET ADDRESS **3484 DELTONA BLVD**
 CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE **V** Change Addition
 NAME **Fred Rent**
 STREET ADDRESS **12904 Teakwood**
 CITY-ST-ZIP **Bayonet Point, Fl. 34667**

TITLE **S** Delete
 NAME **MAKUC, VIRGINIA**
 STREET ADDRESS **13375 CORTEZ BLVD**
 CITY-ST-ZIP **BROOKSVILLE FL 34613**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **FULTON, BARBARA**
 STREET ADDRESS **1352 AUTUMN ROAD**
 CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **BARHAUER, SUE**
 STREET ADDRESS **35442 POWELL ROAD**
 CITY-ST-ZIP **BROOKSVILLE FL 34613**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **WELSCH, BETTY**
 STREET ADDRESS **18168 CLEARVIEW DRIVE**
 CITY-ST-ZIP **BROOKSVILLE FL 34609**

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:

Virginia Mahan **VIRGINIA MAKUC**

1/23/02

352 596 5607

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)