


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

**FILED**  
**May 13, 2003 8:00 am**  
**Secretary of State**

05-13-2003 90045 013 \*\*\*\*61.25

|   |  |   |   |
|---|--|---|---|
| <b>DOCUMENT # N00000001950</b>  |  |    |   |
| 1. Entity Name<br><b>HERNANDO COUNTY KENNEL CLUB, INC.</b>  |  |   |   |
| Principal Place of Business<br>P. O. BOX 5010<br>SPRING HILL, FL 34611  |  | Mailing Address<br>P. O. BOX 5010<br>SPRING HILL, FL 34611  |   |
| 2. Principal Place of Business<br><i>P.O. Box 5509</i>  |  | 3. Mailing Address<br><i>P.O. Box 5509</i>  |   |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |   |
| City & State<br><i>Spring Hill FL</i>   |  | City & State<br><i>Spring Hill FL</i>   |   |
| Zip<br><i>34611</i>   |  | Zip<br><i>34611</i>   |   |
| Country<br><i>Hernando</i>  |  | Country<br><i>Hernando</i>  |   |
| 4. FEI Number<br><b>59-3323168</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable  |   |
| 5. Certificate of Status Desired<br><input type="checkbox"/>  |  | <b>\$8.75</b> Additional Fee Required   |   |
| 6. Name and Address of Current Registered Agent<br><b>MAKUC, AAFRED D<br/>13375 CORTEZ BLVD.<br/>BROOKSVILLE, FL 34613</b>  |  | 7. Name and Address of New Registered Agent<br>Name<br><i>Patricia Keohane</i><br>Street Address (P.O. Box Number is Not Acceptable)<br><i>14113 Andrew Scott Rd.</i><br>City<br><i>Spring Hill</i> FL Zip Code<br><i>34609</i> |   |
| 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.<br>SIGNATURE: <i>Patricia Keohane</i> DATE: <i>4/27/03</i><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when resigning.)</small>  |  |   |   |
| <b>FILE NOW - FEE IS \$61.25</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees   |   |
| <b>Make Check Payable to Florida Department of State</b>  |  |   |   |
| 10. OFFICERS AND DIRECTORS  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |   |
| TITLE   | P <input type="checkbox"/> Delete            | TITLE   | VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | DRAGONSWAN, VALERIA                          | NAME  | <i>VP</i>   |
| STREET ADDRESS  | 3484 DELTONA BLVD                            | STREET ADDRESS  | <i>6272 Arizona St.</i>   |
| CITY-ST-ZIP   | SPRING HILL, FL 34606                        | CITY-ST-ZIP   | <i>Brooksville FL 34601</i>   |
| TITLE   | V <input checked="" type="checkbox"/> Delete | TITLE   | P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| NAME  | RENT, FRED                                   | NAME  | <i>Fred Welsch</i>  |
| STREET ADDRESS  | 12904 TEAKWOOD                               | STREET ADDRESS  | <i>18168 Clearview Dr.</i>  |
| CITY-ST-ZIP   | BAYONET POINT, FL 34667                      | CITY-ST-ZIP   | <i>Brooksville, FL 34609</i>  |
| TITLE   | S <input checked="" type="checkbox"/> Delete | TITLE   | S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| NAME  | MAKUC, VIRGINIA                              | NAME  | <i>Pat Keohane</i>  |
| STREET ADDRESS  | 13375 CORTEZ BLVD                            | STREET ADDRESS  | <i>14113 Andrew Scott Rd.</i>   |
| CITY-ST-ZIP   | BROOKSVILLE, FL 34613                        | CITY-ST-ZIP   | <i>Spring Hill FL 34609</i>   |
| TITLE   | D <input checked="" type="checkbox"/> Delete | TITLE   | D <input type="checkbox"/> Change <input type="checkbox"/> Addition             |
| NAME  | FULTON, BARBARA                              | NAME  | <i>Cathy Choppy</i>   |
| STREET ADDRESS  | 1352 AUTUMN ROAD                             | STREET ADDRESS  | <i>18703 Drayton St.</i>  |
| CITY-ST-ZIP   | SPRING HILL, FL 34606                        | CITY-ST-ZIP   | <i>Spring Hill FL 34610</i>   |
| TITLE   | D <input type="checkbox"/> Delete            | TITLE   | T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME  | BARHAUER, SUE                                | NAME  | <i>Sue Bathauer</i>   |
| STREET ADDRESS  | 36442 POWELL ROAD                            | STREET ADDRESS  | <i>25442 Powell Rd.</i>   |
| CITY-ST-ZIP   | BROOKSVILLE, FL 34613                        | CITY-ST-ZIP   | <i>Brooksville, FL 34602</i>  |
| TITLE   | D <input checked="" type="checkbox"/> Delete | TITLE   | D <input type="checkbox"/> Change <input type="checkbox"/> Addition             |
| NAME  | WELSCH, BETTY                                | NAME  | <i>Lee Gelderman</i>  |
| STREET ADDRESS  | 18168 CLEARVIEW DRIVE                        | STREET ADDRESS  | <i>1320 Stallings Ave.</i>  |
| CITY-ST-ZIP   | BROOKSVILLE, FL 34609                        | CITY-ST-ZIP   | <i>Spring Hill FL 34606</i>   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <i>Sue Bathauer Treas (Sue Bathauer)</i> DATE: <i>4/27/03</i> PHONE: <i>352-754-9030</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |   |   |

CR2E037 (10/02)