## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 13, 2001 8:00 am Secretary of State DOC MENT # N0000007647 FLORIDA SUNCOAST BOSTON TERRIER CLUB, INC. 02-13-2001 90071 029 \*\*\*\*61.25 Principal Place of Business Mailing Address 1392 LEMON ST 1392 LEMON ST CLEARWATER FL 33756-2339 CLEARWATER FL 33756-2339 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) HANSEN, LARRY 1392 LEMON ST CLEARWATER FL 33756-2339 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. 2-3-200 p SIGNATURE NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW: Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE ☐ Delete TITLE Change ☐ Addition HANSEN, LARRY NAME NAME STREET ADDRESS 1392 LEMON ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33756-2339 TITLE Delete TITLE ☐ Addition ☐ Change NAME **BLANTON, BOB** NAME STREET ADDRESS 4315-37TH ST E STREET ADDRESS CITY-ST-ZIP PALMETTO FL 34221 CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME -MATA,-ANDRIA-W-NAME STREET ADDRESS 2441 51ST ST STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34234 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition HANSEN, SHARON NAME NAME STREET ADDRESS 1392 LEMON ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33756-2339 TITLE □ Delete TITLE ☐ Change Addition NAME SIGN STREET ADDRESS CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRES STREET ADDRESS CHY-ST-ZIP: CITY-ST-ZIP ocitify 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 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 position or the receiver or trustee empowered to execute his report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if