

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007647

1. Entity Name

FLORIDA SUNCOAST BOSTON TERRIER CLUB, INC.

Principal Place of Business

Mailing Address

1392 LEMON ST
CLEARWATER FL 33756-2339

1392 LEMON ST
CLEARWATER FL 33756-2339

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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 PD
NAME HANSEN, LARRY
STREET ADDRESS 1392 LEMON ST
CITY-ST-ZIP CLEARWATER FL 33756-2339 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME BLANTON, BOB
STREET ADDRESS 4315-37TH ST E
CITY-ST-ZIP PALMETTO FL 34221 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME ~~DELA~~ ANDRIA Williams
STREET ADDRESS 2441 51ST ST
CITY-ST-ZIP SARASOTA FL 34234 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME HANSEN, SHARON
STREET ADDRESS 1392 LEMON ST
CITY-ST-ZIP CLEARWATER FL 33756-2339 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Andria Williams
SIGNATURE REQUIRED

2-26-02

9414852013/20

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90087 044 ****61.25



DO NOT WRITE IN THIS SPACE

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