## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # N04040** Jun 29, 2000 8:00 am 1. Entity Name **Secretary of State** SUNCOAST COCKER SPANIEL CLUB OF GREATER CLEARWAT 06-29-2000 90633 033 \*\*\*\*61.25 Principal Place of Business Mailing Address 1681 SHERBROOK ROAD 1681 SHERBROOK ROAD CLEARWATER FL 33764-6547 CLEARWATER FL 34624 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2386075 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired ... ˈFee'Required\* 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARBARA LIPPIN(OTT Street Address (P.O. Box Number is Not Acceptable GODERRE, EDWARD A SCUT 621 EUNICE DR. TARPON SPGS FL 34689 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. **FILE NOW:** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition TITLE ☐ Delete TITLE NAME **BOWLING, RICHARD** NAME STREET ADDRESS STREET ADDRESS 1750 ALBERMARLE RD. CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE SD TAYLOR, CONNIE NAME NAME STREET ADDRESS STREET ADDRESS 1952 DODGE ST. CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33760 ☐ Addition Change Change TITLE Delete TITLE GODERRE, EDWARD A. 621 EUNICE DR GRIMM, ANBER NAME NAME STREET ADDRESS STREET ADDRESS 3831 78TH AVE TARPON SPRINGS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34243 Change Addition TITLE Delete TITLE LIPPINCOTT, BARBARA GODERRE, EDWARD A NAME NAME ASCOT STREET 27515 STREET ADDRESS STREET ADDRESS 621 EUNICE DR. WESLEY CHAPEL 33544 CITY-ST-ZIP CITY-ST-ZIP TARPON SPGS FL 34689 ☐ Addition ☐ Delete TITLE ST. JOHN, SANDRA NAME STREET ADDRESS STREET ADDRESS 1681 SHERBROOK ROAD CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SESSA, DIANE NAME STREET ADDRESS STREET ADDRESS 3831 78TH AVE CITY-ST-ZIP CITY-ST-7iP SARASOTA FL 34243 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

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #

changed, or on an attachment with an address, with all other like-empowered