

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04095

1. Entity Name

DOG OBEDIENCE CLUBS OF FLORIDA, INC

Principal Place of Business

Mailing Address

2823 TRENTWOOD BLVD
ORLANDO, FL 32812

2823 TRENTWOOD
ORLANDO, FL
32812

2. Principal Place of Business

2745 HAAS RD.

Suite, Apt. #, etc.

3. Mailing Address

2745 HAAS RD.

Suite, Apt. #, etc.

City & State

APOKA FL

City & State

APOKA FL

4. FEI Number

59-3001594

Applied For

Not Applicable

Zip

32712-5127

Country

ORANGE

Zip

32712-5127

Country

ORANGE

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

00057264

6. Name and Address of Current Registered Agent

KREJCI, MARILYN
2823 TRENTWOOD BLVD
ORLANDO, FL 32812

7. Name and Address of New Registered Agent

Name

SUSAN HANDY

Street Address (P.O. Box Number is Not Acceptable)

2745 HAAS RD

City

APOKA

FL

Zip Code

32712-5127

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

Susan Handy

5-7-00

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

TITLE	PD	☐ DELETE
NAME	GROTHEER NANCY	
STREET ADDRESS	4281 CRES/DALE STREET	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	VD	☒ DELETE
NAME	RAYMO, CLAUDINE	
STREET ADDRESS	920 W CAK RIDGE RD. APT 19	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	☐ DELETE
NAME	LACE/TE, P.J.	
STREET ADDRESS	50 N EDGEMON AVE	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	TD	☒ DELETE
NAME	KREJCI, MARILYN	
STREET ADDRESS	2823 TRENTWOOD BLVD.	
CITY-ST-ZIP	ORLANDO FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NEUFELD, DEBORAH	☒ Change ☐ Addition
NAME	1103 DELAWARE AVE	
STREET ADDRESS	KISSIMMEE, FL 34744	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	HANDY, SUSAN	☒ Change ☐ Addition
NAME	2745 HAAS RD	
STREET ADDRESS	APOKA, FL 32712-5127	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Susan Handy

SUSAN HANDY

Date

5/7/2000

Daytime Phone #

407 884 9128

CR2E037 (9/99)