

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22889

1. Entity Name

OCHLOCKONEE RIVER KENNEL CLUB OF FLORIDA, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90031 014 ****61.25

Principal Place of Business

Mailing Address

RT. 4 BOX 4782
MONTICELLO FL 32344
US

P O BOX 3185
TALLAHASSEE FL 32315-3185
US

C0009387



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2810153

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCPHATE, DONNA
RT 4 BOX 4782
CASA BIANCA RD.
MONTICELLO FL 32344

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 D ☐ Delete
NAME DOUGLAS, BILL
STREET ADDRESS RT 4 BOX 24B
CITY-ST-ZIP MONTICELLO FL

TITLE D ☐ Change ☒ Addition
NAME RIGGS, VALERIE
STREET ADDRESS 2476 ELFIN WING LANE
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE D ☐ Delete
NAME MAPLES, CHRISTINE
STREET ADDRESS 4830 FRED GEORGE ROAD
CITY-ST-ZIP TALLAHASSEE FL

TITLE VD ☒ Change ☐ Addition
NAME MAPLES, CHRISTINE
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CAVALLARO, VIRGINIA
STREET ADDRESS 55 KENNEL LANE
CITY-ST-ZIP CRAWFORDVILLE FL

TITLE D ☐ Change ☒ Addition
NAME HARPER DVM, KATHLEEN
STREET ADDRESS P.O. BOX 20715
CITY-ST-ZIP TALLAHASSEE FL 32316-0715

TITLE VD ☒ Delete
NAME DURHAM, LISA
STREET ADDRESS 1776 BROWN ST
CITY-ST-ZIP TALLAHASSEE FL

TITLE SD ☐ Change ☒ Addition
NAME ROBERTSON, NYLENE
STREET ADDRESS 1526 SPRUCE AVE
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE TD ☐ Delete
NAME MCPHATE, DONNA
STREET ADDRESS RT. 4, BOX 4782
CITY-ST-ZIP MONTICELLO FL

TITLE D ☐ Change ☒ Addition
NAME WIRTH, BONNIE
STREET ADDRESS 4519 ARGYLE LANE
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE PD ☐ Delete
NAME CHANDLER, ELIZABETH
STREET ADDRESS 4239 LAKEMORE DR.
CITY-ST-ZIP TALLAHASSEE FL 32303

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-00 850-997-1978

CR2E037 (9/99)