

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90520 042 ****61.25

DOCUMENT # N22889

1. Entity Name

OCHLOCKONEE RIVER KENNEL CLUB OF FLORIDA, INC.



Principal Place of Business

**1248 CASA BIANCA ROAD
MONTICELLO FL 32344
US**

Mailing Address

**P O BOX 3185
TALLAHASSEE FL 32315
US**

2. Principal Place of Business

17 Washington St.

3. Mailing Address

Suite, Apt. #, etc.

City & State

FL

Zip

32324

Country

US

Suite, Apt. #, etc.

City & State

FL

Zip

32324

Country

US

4. FEI Number **59-2810153**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCPHATE, DONNA
1248 CASA BIANCA ROAD
MONTICELLO FL 32344**

7. Name and Address of New Registered Agent

Name

Tom Bradley

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

17 Washington St

City

Chattahoochee

FL

Zip Code

32324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Tom BRADLEY

1/23/3

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	RIGGS, VALERIE	
STREET ADDRESS	2476 ELFIN WING LN	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAPLES, CHRISTINE	
STREET ADDRESS	4830 FRED GEORGE ROAD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOUGLAS, WILLIAM	
STREET ADDRESS	RT 4 BOX 4219	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HARPER, KATHLEEN DVM	
STREET ADDRESS	P O BOX 20715	
CITY-ST-ZIP	TALLAHASSEE FL 32316	
TITLE	P	<input type="checkbox"/> Delete
NAME	BRINKLEY, BETH	
STREET ADDRESS	5984 TEA ROSE TRAIL	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'HARA, CHARLES	
STREET ADDRESS	P O BOX 1 HWY 269	
CITY-ST-ZIP	WACISSA FL 32361	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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:

Charles O'Hara

1/23/3

CR2E037 (10/02)