

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90005 004 \*\*\*\*61.25

**DOCUMENT # N24391**

1. Entity Name

**SCOTTISH TERRIER CLUB OF TAMPA BAY, INC.**

Principal Place of Business

Mailing Address

7349 ULMERTON ROAD  
 LOT #126  
 LARGO FL 34641

7349 ULMERTON ROAD  
 LOT #126  
 LARGO FL 33771-4801

**80063347**



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

**NOT APPLICABLE**

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

**LAVERS, BETTY J.**  
**7349 ULMERTON ROAD**  
**LOT #126**  
**LARGO FL 33771**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
VP	DONNA TURNER	2201 WHITLOCK PL	DOVER FL 33527	P	DONNA TURNER	2201 WHITLOCK PL	DOVER, FL 33527
P	BRUNEAU, PAUL	5801-34TH AVE S	TAMPA FL 33619	VP	SUSAN NUTE	405 DAK REGENCY LANE	BRANDON, FL 33511
RCD	NEALE, DONNA	5527 COUNTRY LAKES TRAIL	SARASOTA FL				
CSD	LOWE, LESLIE	315 BLACK OAK CT	SEFFNER FL	CSD	MOIRA ANDERSON	209 WALTON HEATH BLVD.	DA LARDO, FL 32828
TD	LEONARD, GERRY	509 NANTUCKET DR.	TEMPLE TERRACE FL				

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 stated 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00

Date

813-301-1025

Daytime Phone #