

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35793

1. Entity Name

FLORIDA SEARCH DOG ASSOCIATION, INCORPORATED

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90098 002 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 142274
GAINESVILLE FL 32614

P.O. BOX 142274
GAINESVILLE FL 32614-2274

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3027617

Applied For

Not Applicable

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

THIGPIN, JUDY
4221 NW 22 TERR.
GAINESVILLE FL 32605

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 ☐ Delete
NAME D
STREET ADDRESS WEISS, MICHAEL
CITY-ST-ZIP 2140 SE 39TH AVE
GAINESVILLE FL 32641

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME PD Sina Kozlowski
STREET ADDRESS KOZGOWSKI, JINA
CITY-ST-ZIP RT 2 BOX 206-A
HAWTHORNE FL 32640

TITLE ☒ Change ☐ Addition
NAME PD Sina Kozlowski
STREET ADDRESS Rt 2 Box 206-A
CITY-ST-ZIP Hawthorne, FL. 32640

TITLE ☐ Delete
NAME STD
STREET ADDRESS SCRUGGS, SHERRY
CITY-ST-ZIP 63825 SW ARCHOR LN
ARCHOR FL 32618

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS THIGPIN, JUDY
CITY-ST-ZIP 4221 NW 22 TERRACE
GAINESVILLE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME PD
STREET ADDRESS GARFUNKEL, SARAH
CITY-ST-ZIP 8015 NE 43RD STREET
GAINESVILLE FL 32609

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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: *Sherry Scruggs*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-19-00 (352) 846-0979

CR2E037 (9/99)