

2001 UNIFORM BUSINESS REPORT (UBR)

4/21

FILED
Jun 05, 2001 8:00 am
Secretary of State

04-26-2001 90014 049 ****61.25

DOCUMENT # N35793

1. Entity Name

FLORIDA SEARCH DOG ASSOCIATION, INCORPORATED

Principal Place of Business

P.O. BOX 142274
 GAINESVILLE FL 32614

Mailing Address

P.O. BOX 142274
 GAINESVILLE FL 32614

- 74202

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

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

TITLE **PD** ☒ Delete
 NAME **KOZCOWSKI, JINA**
 STREET ADDRESS **RT 2 BOX 208-A**
 CITY-ST-ZIP **HAWTHORNE FL 32640**

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

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

TITLE **STD** ☒ Change ☐ Addition
 NAME **Sherry Scruggs**
 STREET ADDRESS **3846 NW 13th Place**
 CITY-ST-ZIP **Gainesville, FL 32605**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

Sherry Scruggs
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sherry Scruggs **5-29-01** **(352) 846-0979**
 Date Daytime Phone #

CR2E037 (10/00)