

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36567

1. Entity Name

GERMAN SHEPHERD DOG CLUB OF DAYTONA, INC.

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90109 004 \*\*\*\*61.25

Principal Place of Business

Mailing Address

204 BRITTANY AVENUE  
1900 S. GLENCOE ROAD  
NEW SMYRNA BEACH FL 32168  
US

204 BRITTANY AVENUE  
PORT ORANGE FL 32127-5915  
US

00031497



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1900 S. Glencoe Rd

3. Mailing Address

PO Box 214948

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New Smyrna Beach, FL

City & State

S. DAYTONA, FL

4. FEI Number

59-3008947

Applied For

Not Applicable

Zip

32168

Country

US

Zip

32121-4948

Country

USA

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

ROSA, ELAINE  
204 BRITTANY AVENUE  
PORT ORANGE FL 32127

Name

RALPH Jodice

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

1900 S. Glencoe Rd

City

New Smyrna Beach

FL

Zip Code

32168

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 Ralph Jodice

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-28-00

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 P  
NAME RALPH, JODICE  
STREET ADDRESS 1900 S. GLENCOE ROAD  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

TITLE PRESIDENT  
NAME ROACH, KATHY  
STREET ADDRESS 2494 TAYLOR RD  
CITY-ST-ZIP NEW SMYRNA Bch, FL 32168 ☒ Change ☐ Addition

TITLE VP  
NAME TROREH, KATHY  
STREET ADDRESS 2494-TAYLOR ROAD  
CITY-ST-ZIP NEW SMYRNA Bch FL 32168

TITLE V. PRESIDENT  
NAME Vegrini, EVIE  
STREET ADDRESS RT 1 BOX 145 S-N/A  
CITY-ST-ZIP BUNNELL, FL 32110 ☒ Change ☐ Addition

TITLE T  
NAME HAMMONS, CARLENE  
STREET ADDRESS RT. 1 BOX 145-F N/A  
CITY-ST-ZIP BUNNELL FL 32110 ☐ Delete

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

TITLE CS  
NAME JEANNIE, JODICE  
STREET ADDRESS 1900 S. GLENCOE ROAD  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

TITLE Cor. Sec.  
NAME BOSMAN, PAME  
STREET ADDRESS RT 1 BOX 145 G  
CITY-ST-ZIP BUNNELL, FL 32110 ☒ Change ☐ Addition

TITLE D  
NAME BOSMAN, PAME  
STREET ADDRESS RT. 1 BOX 1456  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32110 ☐ Delete

TITLE Board  
NAME Jodice, RALPH  
STREET ADDRESS 1900 S Glencoe Rd  
CITY-ST-ZIP New Smyrna Bch, FL 32168 ☒ Change ☐ Addition

TITLE D  
NAME PUMP, PEGGY  
STREET ADDRESS 2611 SILVER PALM DR.  
CITY-ST-ZIP EDGEWATER, FL 32141 ☐ Delete

TITLE Board  
NAME Jodice, Jeannie  
STREET ADDRESS 1900 S. Glencoe Rd  
CITY-ST-ZIP New Smyrna Bch, FL 32168 ☐ Change ☐ Addition

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:

Carlene Hammons  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-00

Date

904-677-5002

Daytime Phone #

CR2E037 (9/99)