

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36567

1. Entity Name

GERMAN SHEPHERD DOG CLUB OF DAYTONA, INC.

Principal Place of Business

Mailing Address

~~201 BRITAIN BLVD~~  
1900 S. GLENCOE ROAD  
NEW SMYRNA BEACH FL 32168  
US

PO BOX 214948  
~~PORT ORANGE FL 32127~~  
US

2. Principal Place of Business

3. Mailing Address

1900 S. Glencoe

PO Box 214948

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

New Smyrna Beach, FL

So Daytona, FL

Zip

Country

Zip

Country

32168

USA

32127

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JODICE, RALPH  
1900 S GLENCOE RD  
NEW SMYRNA BEACH FL 32168

Name

Jodice, Ralph

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

1900 S. Glencoe Rd

City

New Smyrna

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

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

TITLE P ☒ Change ☐ Addition  
NAME Pame Bosman  
STREET ADDRESS RT 1 Box 1456  
CITY-ST-ZIP Bunnell, FL 32110

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

TITLE VP ☒ Change ☐ Addition  
NAME Robin Come  
STREET ADDRESS 135 Wallace Rd  
CITY-ST-ZIP New Smyrna Beach, FL 32168

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

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

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

TITLE CS ☒ Change ☐ Addition  
NAME Heather Sillsbury  
STREET ADDRESS 135 Wallace Rd  
CITY-ST-ZIP New Smyrna Beach, FL 32168

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

TITLE D ☒ Change ☐ Addition  
NAME Jodice, Ralph  
STREET ADDRESS 1900 S. Glencoe Rd  
CITY-ST-ZIP New Smyrna Beach, FL 32168

TITLE D ☐ Delete  
NAME PUMP, PEGGY  
STREET ADDRESS 2811- SILVER PALM DR.  
CITY-ST-ZIP EDGEWATER, FL 32141

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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carlene Hammons 1-9-01 904-437-2561

Date

Daytime Phone #

FILED  
Jan 16, 2001 8:00 am  
Secretary of State

01-16-2001 90062 022 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

0089662