

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90379 008 ****61.25

0030273

DOCUMENT # N36941

1. Entity Name

THE PUG CLUB OF SOUTH FLORIDA, INC.

Principal Place of Business

208 FARMINGTON DR
 PLANTATION FL 33317
 US

Mailing Address

208 FARMINGTON DR
~~SUITE 201~~
 PLANTATION FL 33317
 US

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 **65-0072536**

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

ANTLE, WOODROW L
 208 FARMINGTON DR
 PLANTATION FL 33317

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 **TD** ☐ Delete
 NAME **CROWE, JUDI**
 STREET ADDRESS **1520 SW 5TH AVE**
 CITY-ST-ZIP **POMPANO BEACH FL 33060**

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

TITLE **D** ☐ Delete
 NAME **MCGRATH, MIKE**
 STREET ADDRESS **22545 SW 66TH AVE #V206**
 CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **PD** ☒ Change ☐ Addition
 NAME **McGrath, Mike**
 STREET ADDRESS **22545 SW 66th Ave V206**
 CITY-ST-ZIP **BOCA RATON, FL 33428**

TITLE **D** ☐ Delete
 NAME **O'CONNELL, CATHY**
 STREET ADDRESS **22545 SW 66TH AVE #V206**
 CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **SD** ☒ Change ☐ Addition
 NAME **ANTLE, WOODROW L**
 STREET ADDRESS **208 Farmington Dr**
 CITY-ST-ZIP **Plantation, FL 33317**

TITLE **PD** ☐ Delete
 NAME **ANTLE, WOODROW L**
 STREET ADDRESS **208 FARMINGTON DR**
 CITY-ST-ZIP **PLANTATION FL 33317**

TITLE **SD** ☒ Change ☐ Addition
 NAME **ANTLE, WOODROW L**
 STREET ADDRESS **208 Farmington Dr**
 CITY-ST-ZIP **Plantation, FL 33317**

TITLE **VD** ☐ Delete
 NAME **BURKE, BILL**
 STREET ADDRESS **4701 LYONS RD #140**
 CITY-ST-ZIP **COCONUT CREEK FL 33073**

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: **Woodrow L. Antle** 4-10-02 954 587 0556

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)