

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2000 8:00 am
Secretary of State

09-05-2000 90044 049 ****61.25

DOCUMENT # N37120

1. Entity Name

FRENCH BULLDOG FANCIERS OF MID-FLORIDA, INC.

P

AAU73431



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

35525 POINSETTIA AVE
 FRUITLAND PARK FL 34731
 US

P.O. BOX 511
 FRUITLAND PARK FL 34731-0511
 US

2. Principal Place of Business

362 Ridge dr.
 Suite, Apt. #, etc.

3. Mailing Address

362 ridge dr.
 Suite, Apt. #, etc.

City & State

fl. 34108

City & State

362 ridge dr naples fl

4. FEI Number

65-0286916

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

34108

collier

34108

u.s.a.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARTWRIGHT, LINDA
35525 POINSETTIA AVE
FRUITLAND PARK FL 34731

Name **DEANA R JONES**

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

362 RIDGE DR

City **NAPLES**

FL

Zip Code

34108

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

Deana Jones

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 **PD** ☒ Delete
 NAME **WHITT, LARRY**
 STREET ADDRESS **10802 GRACE DR**
 CITY-ST-ZIP **GIBSONTON FL 33534**

TITLE **PD** ☒ Change ☐ Addition
 NAME **Harper, Alan**
 STREET ADDRESS **1820 Shadowlawn St**
 CITY-ST-ZIP **Jax. 32205**

TITLE **VD** ☒ Delete
 NAME **ENGEL, JODY**
 STREET ADDRESS **5980 VALERIAN BLVD**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **vP** ☒ Change ☐ Addition
 NAME **Joy Glenn-Sessions**
 STREET ADDRESS **362 RIDGE DR**
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE **SD** ☒ Delete
 NAME **STEVENS, CAROL ANN**
 STREET ADDRESS **6769 LAURINA PLACE**
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **SD** ☒ Change ☐ Addition
 NAME **DEANA R JONES**
 STREET ADDRESS **362 RIDGE DR**
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE **TD** ☒ Delete
 NAME **CARTWRIGHT, LINDA**
 STREET ADDRESS **35525 POINSETTIA AVE**
 CITY-ST-ZIP **FRUITLAND PARK FL 34731**

TITLE **TD** ☒ Change ☐ Addition
 NAME **DEANA R JONES**
 STREET ADDRESS **362 RIDGE DR**
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE **D** ☒ Delete
 NAME **LEWIS, DIANE**
 STREET ADDRESS **710 SE ATLANTIC DR**
 CITY-ST-ZIP **LANTANA FL 33462**

TITLE **D** ☒ Change ☐ Addition
 NAME **ZELL VON POHLMAN**
 STREET ADDRESS **1820 SHADOWLAWN ST**
 CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE **D** ☒ Delete
 NAME **STEVENS, KEN**
 STREET ADDRESS **6769 LAURINA PLACE**
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **D** ☒ Change ☐ Addition
 NAME **ELSIE COPELAND**
 STREET ADDRESS **P.O. BOX 5610**
 CITY-ST-ZIP **OCALA, FL 32678**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Deana Jones
DEANA R JONES

8-6-00

941-598-9054

CR2E037 (9/99)