2001 UNIFORM BUSINESS REPORT (UBR)						FILED				
DOCUMENT # N37120  1. Entity Name						Jan 09, 2001 08:00 AM				
•	BULLDOG FANCIERS OF MID-	FLORIDA, INC.			Se	cretary of	Sta	ıte		
Principal Place	e of Business	Mailing Address		<u>-</u>						
362 RIDGE DR		362 RIDGE DR								
NAPLES 34108	FL US	NAPLES 34108	us	FL						
Principal Place of Business     1612 EAST CENTRAL BLVD     1612 EAST CENTRAL			-	-				•		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State	FL FL	City & State		FL	4. FEI Numbe				plied For t Applicable	
Zip	Country	Zip	Cou	intry	1.5		<u> </u>	\$8.75 Add		
32803	US	32803	US	-				Fee Required	<u> </u>	
	6. Name and Address of Current F	Registered Agent		Name	7. Name and	Address of New Regi	stered /	Agent	· · · ·	
CARTWRIGHT LINDA				HILLER STEVEN						
35525 POINSETTIA AVE					ddress (P.O. Box Numbe ST CENTRAL BLVD	er is Not Acceptable)			-	
FRUITLANI	D PARK FI									
34731 US				City ORLAN	FL Zip Code 34731					
8. The above	named entity submits this statement for	the purpose of changing its re	gistere			h, in the state of Florida	ì.			
SIGNATURE _	STEVEN HILLER					(	01/09	/2001		
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: R	egistered	d Agent signati	ure required when reinstating)		DATE			
	FILE NOW:	Election Campaign Financi     Trust Fund Contribution.		ng 🗆	\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIR	ECTORS	11.		ADDITIONS/CH	ANGES TO OFFICERS	AND DI	RECTORS IN	10	
TITLE NAME	D STEVENS KEN	☐ Delete	TITLE NAM		D	ZELL		X Change	☐ Addition	
STREET ADDRESS	6769 LAURINA PLACE		1	ET ADDRESS	17901 LEM TURNER					
CITY-ST-ZIP	JACKSONVILLE	FL 32216	ÇITY	-ST-ZIP	JACKSONVILLE		FL	32218		
TITLE NAME	D LEWIS DIANE	☐ Delete	TITLE		D HARPER NOR	MA S		X Change	Addition	
STREET ADDRESS	710 SE ATLANTIC DR			ET ADDRESS	P.0. BOX 180	IMA 5				
CITY-ST-ZIP	LANTANA	FL 33462	CITY	-ST-ZIP	BRYCEVILLE		FL	32009		
TITLE	TD	☐ Delete	TITLE		TD			X Change	☐ Addition	
NAME STREET ADDRESS	CARTWRIGHT, LINDA 355525 POINSETTIA AVE		NAM STRE	et address	HILLER STEV 1612 EAST CENTRAL					
CITY-ST-ZIP	FRUITLAND PARK	FL 34731		-ST-ZIP	ORLANDO	FL 32803		32803		
TITLE	SD	☐ Delete	TITLE	<u> </u>	SD			X Change	Addition	
NAME	STEVENS CAROL ANN		NAM		CHIGER RUT					
STREET ADDRESS CITY-ST-ZIP	6769 LAURINA PLACE JACKSONVILLE	FL 32216		ET ADDRESS -ST-ZIP	2071 NE 19TH COURT MIAMI	ſ	FL	33179		
TITLE	VD	Delete	TITLE		VD			X Change	Addition	
NAME	ENGEL JODY	□ Deleté	NAM		GLENN-SESSIONS	JOY		<u>Ma</u> Change	M Addition	
STREET ADDRESS	5980 VALERIAN BLVD			ET ADDRESS	4051 PACKARD AVE			-		
CITY-ST-ZIP	ORLANDO	FL 32819	CITY	-ST-ZIP	SAINT CLOUD	·	FL	34772		
TITLE NAME	PD WHITT LARRY	☐ Delete	TITLE NAM		PD HARPER ALA	N		■ Change	☐ Addition	

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE: Steven Hiller

STREET ADDRESS

CITY-ST-ZIP

10802 GRACE DR

GIBSONTON

FL 33534

TD

STREET ADDRESS 17901 LEM TURNER RD

JACKSONVILLE

 $\mathbf{FL}$ 

32218

01/09/2001

D LEWIS, STEVEN R 1157 SW ACKARD AVE

PORT SAINT LUCIE, FL 34953