

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44387

1. Entity Name

SIBERIAN HUSKY CLUB OF TAMPA BAY, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90137 010 ****61.25

Principal Place of Business

512 ROBIN HILL CIR.
BRANDON FL 33510
US

Mailing Address

512 ROBIN HILL CIR.
BRANDON FL 33510-3318
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2977643

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

ACEVEDO, DONNA J.
512 ROBIN HILL CIR.
BRANDON FL 33510

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 P ☐ Delete
NAME STOTT, JOHN
STREET ADDRESS 10364 CHADBOURNE DRIVE
CITY-ST-ZIP TAMPA FL 33624

TITLE S ☐ Change ☒ Addition
NAME TAMI JONES
STREET ADDRESS 7747 71st AVENUE NORTH
CITY-ST-ZIP PINELLAS PARK, FL 33781

TITLE V ☐ Delete
NAME VAN CLEVE, LINDA
STREET ADDRESS 5946 BAYOU GRANDE BLVD. NE
CITY-ST-ZIP ST. PETERSBURG FL 33073

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

TITLE T ☐ Delete
NAME ACEVEDO, DONNA J.
STREET ADDRESS 512 ROBIN HILL CIR.
CITY-ST-ZIP BRANDON FL 33510

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

TITLE D ☐ Delete
NAME KUDERICK, MARY
STREET ADDRESS 3904 LITHIA RIDGE BLVD
CITY-ST-ZIP VALRICO FL 33594

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

TITLE D ☐ Delete
NAME STOTT, CONNIE
STREET ADDRESS 10364 CHADBOURNE DR
CITY-ST-ZIP TAMPA FL

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

TITLE D ☐ Delete
NAME WRIGHT, PEGGY
STREET ADDRESS 5547 BATES ST
CITY-ST-ZIP SEMINOLE FL

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: DONNA J. ACEVEDO DONNA J. ACEVEDO January 14, 2000 813-689-0731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)