2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
04-30-2001 90138 044 ****61.25

DOCUMENT # N44387

1. Entity Name

SIBERIAN HUSKY CLUB OF TAMPA BAY, INC.

Principal Place of Business	Mailing Address
512 ROBIN HILL CIR. BRANDON FL 33510 US	512 ROBIN HILL CIR. BRANDON FL 33510 US

DO NOT WRITE IN THIS SPACE

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 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) 800 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P STOTT, JOHN 10364 CHADBOURNE DRIVE TAMPA FL 33624	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P VAN CLEVE, LINDA 5946 BAYOU GRANDE BLVD. NE ST. PETERSBURG, FL 33703	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V VAN CLEVE, LINDA 5946 BAYOU GRANDE BLVD. NE ST. PETERSBURG FL 33073	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WRIGHT, PEGGY 5547 BATES ST. SEMINOLE, FL 33772	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ACEVEDO, DONNA J. 512 ROBIN HILL CIR. BRANDON FL 33510	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KUDERICK, MARY 3904 LITHIA RIDGE BLVD VALRICO FL 33594	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOMINIQUE, CAROLYN 10947 TEMPLE AVE. SEMINOLE, FL 33772	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STOTT, CONNIE 10364 CHADBOURNE DR TAMPA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KASZER, GINGER 1831 BAYOU GRANDE BLVD. NE ST. PETERSBURG, FL 33703	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WRIGHT, PEGGY 5547 BATES ST SEMINOLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOORE, CELESTE 11710 WALKER AVE. SEMINOLE, FL 33772	☒ Change ☐ Addition

CR2E037 (10/00)

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 APRIL 23, 2001 813-689-0731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #