

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

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

TITLE ☒ Change ☐ Addition
NAME **P**
VAN CLEVE, LINDA
STREET ADDRESS **5946 BAYOU GRANDE BLVD. NE**
CITY-ST-ZIP **ST. PETERSBURG, FL 33703**

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

TITLE ☒ Change ☐ Addition
NAME **V**
WRIGHT, PEGGY
STREET ADDRESS **5547 BATES ST.**
CITY-ST-ZIP **SEMINOLE, FL 33772**

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

TITLE ☒ Change ☐ Addition
NAME **D**
DOMINIQUE, CAROLYN
STREET ADDRESS **10947 TEMPLE AVE.**
CITY-ST-ZIP **SEMINOLE, FL 33772**

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

TITLE ☒ Change ☐ Addition
NAME **D**
KASZER, GINGER
STREET ADDRESS **1831 BAYOU GRANDE BLVD. NE**
CITY-ST-ZIP **ST. PETERSBURG, FL 33703**

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

TITLE ☒ Change ☐ Addition
NAME **D**
MOORE, CELESTE
STREET ADDRESS **11710 WALKER AVE**
CITY-ST-ZIP **SEMINOLE, FL 33772**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 23, 2001 813-689-0731

Date

Daytime Phone #

CR2E037 (10/00)