

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90157 021 \*\*\*\*61.25

3/14

**DOCUMENT # N44965**

1. Entity Name

**JACKSONVILLE SHETLAND SHEEPDOG CLUB, INC.**

Principal Place of Business

**5204 BEIGE ST  
 JACKSONVILLE FL 32258-2207**

Mailing Address

**5204 BEIGE ST  
 JACKSONVILLE FL 32258-2207**

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

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUFFEY, DARLA  
 5204 BEIGE ST  
 JACKSONVILLE FL 32223**

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	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>COLEMAN, SHELIA</b>	
STREET ADDRESS	<b>1909 ED JOHNSON DR</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32226</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WEAVER, DEBBY</b>	
STREET ADDRESS	<b>8380 BAYMEADOWS RD STE-1</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>DUFFEY, ERNEST N</b>	
STREET ADDRESS	<b>5204 BEIGE ST</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32258</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WENDELL, MARY VIRGINIA</b>	
STREET ADDRESS	<b>2630 RIDGECREST AVE</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL 32065</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SYBELNIK, TAMMIE</b>	
STREET ADDRESS	<b>3731 HUNTER RD</b>	
CITY-ST-ZIP	<b>CALLAHAN FL 32011</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>BRILLHART, SUSAN</b>	
STREET ADDRESS	<b>2703 HOLLY POINT RD E</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL 32073</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Ernest N. Duffey **ERNEST N. DUFFEY** 2/6/2001 904-262-5420  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)

#N141965  
Attachment

JACKSONVILLE SHETLAND SHEEPDOG CLUB, INC.

#12 Additional Officers and Directors

S

DUFFEY, Darla  
5204 Beige St.  
Jacksonville, Fl 32258

D

Teresa Logan  
7901 Baymeadows Cir. E. Apt#368  
Jacksonville, Fl 32256

D

MILLER, Cynthia  
118 Ocean Blvd  
St. Augustine, Fl. 32095