

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 03, 2002 8:00 am  
Secretary of State

06-03-2002 91165 019 \*\*\*\*61.25

DOCUMENT # N44965

1. Entity Name

JACKSONVILLE SHETLAND SHEEPDOG CLUB, INC.

Principal Place of Business

Mailing Address

5204 BEIGE ST  
JACKSONVILLE FL 32258-2207

5204 BEIGE ST  
JACKSONVILLE FL 32258-2207

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1909 Ed Johnson Dr

Suite, Apt. #, etc.

1909 Ed Johnson Dr

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

Zip

32226

Country

Duval

Zip

32226

Country

Duval



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

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

DUFFEY, DARLA  
5204 BEIGE ST  
JACKSONVILLE FL 32223

Name

Sheila Coleman

Street Address (P.O. Box Number is Not Acceptable)

1909 Ed Johnson Dr

City

JACKSONVILLE

FL

Zip Code

32226

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

Sheila M Coleman Treasurers

5-29-2

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

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEILA COLEMAN	
STREET ADDRESS	1909 Ed. Johnson Dr.	
CITY-ST-ZIP	JACKSONVILLE FL 32226	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Weaver, Debby	
STREET ADDRESS	8380 BAYMEADOWS Rd Ste 1	
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAMMIE SYBELNIK	
STREET ADDRESS	3731 Hunter Rd.	
CITY-ST-ZIP	Callahan, FL 32011	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSAN BRILLHART	
STREET ADDRESS	2703 HOLLY POINT Rd E.	
CITY-ST-ZIP	ORANGE PARK, FL 32073	

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:

Sheila M Coleman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-29-2

904-714-4069

Date

Daytime Phone #

CR2E037 (9/01)