

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90725 013 ****61.25

DOCUMENT # **N45474**

1. Entity Name

TERRIER ACTIVITY GROUP, INC.

DO NOT WRITE IN THIS SPACE

B0054439

2. Principal Place of Business
23000 Midway Blvd.

3. Mailing Address
23000 Midway Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Port Charlotte, FL

City & State
Pt. Charlotte, FL

4. FEI Number
65-0297946

Applied For
Not Applicable

Zip
33952

Country

Zip
33952

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Penny Hartz
c/o Port Charlotte Middle School
Street Address (P.O. Box Number is Not Acceptable)
23000 Midway Blvd.

City Port Charlotte FL Zip Code 33952

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

**FEE IS \$61.25
Initial or Amended UBR**

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

TITLE
NAME Penny Hartz T
STREET ADDRESS 23466 Dunstan Ave.
CITY-ST-ZIP Pt. Charlotte, FL 33954

TITLE
NAME Victoria Berntsson D
STREET ADDRESS 2555 Pear St.
CITY-ST-ZIP Pt. Charlotte, FL 33948

TITLE
NAME Cathy Corsaletti D
STREET ADDRESS 23000 Midway Blvd.
CITY-ST-ZIP Pt. Charlotte, FL 33952

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Penny Hartz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-02 **941-629-0297**
Date Daytime Phone #

CR2E037B (12/01)