

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N51303

1. Entity Name

SOUTH FLORIDA WORKING DOG ASSOCIATION, INC.

FILED

Feb 15, 2001 8:00 am  
Secretary of State

02-15-2001 90066 002 \*\*\*\*61.25

717099



DO NOT WRITE IN THIS SPACE

Principal Place of Business

206 LAKE ARBOR DRIVE  
PALM SPRINGS FL 33461

Mailing Address

206 LAKE ARBOR DRIVE  
PALM SPRINGS FL 33461

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0374562

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CANALE, JAYNE  
206 LAKE ARBOR DRIVE  
PALM SPRINGS FL 33461

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

TITLE VD  
NAME WILCOX, TELA ☐ Delete  
STREET ADDRESS 16393 E BURNS DR  
CITY-ST-ZIP LOXAHATCHEE FL

TITLE PD  
NAME ARMFIELD, WILLIAM ☒ Delete  
STREET ADDRESS 931 CHARLES ST  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE SD  
NAME CANALE, JAYNE ☐ Delete  
STREET ADDRESS 206 LAKE ARBOR DR  
CITY-ST-ZIP PALM SPRINGS FL

TITLE TD  
NAME STOSSEL, USHER H ☒ Delete  
STREET ADDRESS 2780 CREEK ROAD  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☒ Change ☐ Addition  
NAME William Armfield  
STREET ADDRESS 13929 72nd Court N  
CITY-ST-ZIP Royal Palm Beach, FL 33412

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☒ Change ☐ Addition  
NAME Sally Balch  
STREET ADDRESS 182 Martin Circle  
CITY-ST-ZIP Royal Palm Beach, FL 33411

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Jayne E. Canale  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jayne E. Canale 2/12/01

561-740-4679

Date

Daytime Phone #

CR2E037 (10/00)