

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90062 031 ****61.25

DOCUMENT # N51303

1. Entity Name

SOUTH FLORIDA WORKING DOG ASSOCIATION, INC.

Principal Place of Business

Mailing Address

206 LAKE ARBOR DRIVE
 PALM SPRINGS FL 33461

206 LAKE ARBOR DRIVE
 PALM SPRINGS FL 33461

2. Principal Place of Business

16393 E BURNS DR

3. Mailing Address

4346 HUNTING TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LOXAHATCHEE, FL

City & State

LAKE WORTH, FL

Zip

Country

33470

USA

Zip

Country

33467

USA

4. FEI Number

65-0374562

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CANALE, JAYNE
 206 LAKE ARBOR DRIVE
 PALM SPRINGS FL 33461

7. Name and Address of New Registered Agent

LEOMAR ANZALONE, LEOMAR

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

4346 HUNTING TRAIL

City

LAKE WORTH

FL

Zip Code

33467

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 LEOMAR ANZALONE, SECRETARY

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/02

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

TITLE ☐ Delete
 NAME PD
 STREET ADDRESS ARMFIELD, WILLIAM
 CITY-ST-ZIP 13929 72ND COURT N
 ROYAL PALM BEACH FL 33412

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

TITLE ☐ Delete
 NAME TD
 STREET ADDRESS BALCH, SALLY
 CITY-ST-ZIP 182 MARTIN CIRCLE
 ROYAL PALM BEACH FL 33411

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 VD
 STREET ADDRESS NORMA VANFOSSEN, NORMA
 CITY-ST-ZIP 17336 PRAVO BLVD.
 LOXAHATCHEE, FL 33470

TITLE ☒ Change ☐ Addition
 NAME PD
 STREET ADDRESS WILCOX, TELA
 CITY-ST-ZIP 16393 E BURNS DR
 LOXAHATCHEE, FL 33470

TITLE ☒ Change ☐ Addition
 NAME SD
 STREET ADDRESS ANZALONE, LEOMAR
 CITY-ST-ZIP 4346 HUNTING TRAIL
 LAKE WORTH, FL 33467

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 WILCOX, PRES.

Date

Daytime Phone #

561-790-0092

CR2E037 (9/01)