

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002872

1. Entity Name

SOUTH FLORIDA LABRADOR RETRIEVER CLUB, INC.

Principal Place of Business

5400 REDWOOD RD
PLANTATION FL 33317
US

Mailing Address

4685 N W 13 AVENUE
SUNRISE FL 33323
US

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

65-0546669

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

TAPE, JOHN
4685 N W 113 AVENUE
SUNRISE FL 33323

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
NAME

STREET ADDRESS
CITY-ST-ZIP

P
BATES, DEBBIE
2913 RIVERLAND ROAD
FORT LAUDERDALE FL 33312

☒ Delete

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

VP
BERRY, DEBBIE
5700 S W 196 LANE
FORT LAUDERDALE FL 33332

☐ Delete

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

S
JORDAN, LINDA
4100 S W 122 AVENUE
MIAMI FL 33175

☐ Delete

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

D
SANDER, BILL
761 N W 73RD TERRACE
PLANTATION FL 33317

☐ Delete

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

D
WEICHERS, MONA
460 MOUNT VERNON DRIVE EAST
PLANTATION FL 33325

☐ Delete

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

D
WALKER, ARLINE
773 N W 100 TERRACE
PLANTATION FL 33324

☐ Delete

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

P
EARL CARLTON
401 N.W. 188 TERR.
Pembroke Pines, FL 33029

☒ Change ☐ Addition

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

D
SHARON CARLTON
401 N.W. 188 TERR.
Pembroke Pines, FL 33029

☐ Change ☒ Addition

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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NAME

STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90143 006 ****61.25



DO NOT WRITE IN THIS SPACE

CF2E037 (9/99)