

2002 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-08-2002 90147 022 ****61.25

DOCUMENT # N94000002872

1. Entity Name

SOUTH FLORIDA LABRADOR RETRIEVER CLUB, INC.

Principal Place of Business

Mailing Address

4685 NW 113 AVE
 SUNRISE FL 33323
 US

4685 NW 113 AVE
 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

TAPIE, 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	P	☒ Delete
NAME	CARLTON, EARL	
STREET ADDRESS	401 N.W. 188 TERRACE	
CITY-ST-ZIP	HOLLYWOOD FL 33029	
TITLE	VP	☒ Delete
NAME	BERRY, DEBBIE	
STREET ADDRESS	5700 S W 196 LANE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33332	
TITLE	S	☒ Delete
NAME	JORDAN, LINDA	
STREET ADDRESS	4100 S W 122 AVENUE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	D	☒ Delete
NAME	SANDER, BILL	
STREET ADDRESS	781 N W 73RD TERRACE	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	D	☒ Delete
NAME	WEICHERS, MONA	
STREET ADDRESS	460 MOUNT VERNON DRIVE EAST	
CITY-ST-ZIP	PLANTATION FL 33325	
TITLE	D	☐ Delete
NAME	WALKER, ARLINE	
STREET ADDRESS	773 N W 100 TERRACE	
CITY-ST-ZIP	PLANTATION FL 33324	

TITLE	P	☒ Change ☐ Addition
NAME	JORDAN, LINDA	
STREET ADDRESS	4100 S.W. 122 AVE.	
CITY-ST-ZIP	MIAMI, FL. 33175	
TITLE	V.P.	☐ Change ☒ Addition
NAME	CARLTON, JACKIE	
STREET ADDRESS	12200 MELISSA WAY	
CITY-ST-ZIP	COOPER CITY, FL. 33026	
TITLE	S	☐ Change ☐ Addition
NAME	KINARD, K.I.Z	
STREET ADDRESS	11020 SW 163 STREET	
CITY-ST-ZIP	MIAMI, FL. 33157	
TITLE	T	☐ Change ☒ Addition
NAME	TAPIE, JOHN	
STREET ADDRESS	4685 NW 113 AVE.	
CITY-ST-ZIP	SUNRISE, FL. 33323	
TITLE	D	☒ Change ☐ Addition
NAME	BERRY, Debbie	
STREET ADDRESS	5700 S.W. 196 LANE	
CITY-ST-ZIP	F.T. LAUDERDALE, FL 33332	
TITLE	D	☐ Change ☒ Addition
NAME	TAPIE, NANCY	
STREET ADDRESS	4685 N.W. 113 AVE	
CITY-ST-ZIP	SUNRISE, FL. 33323	

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 612, 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John M. Tapie
JOHN M. TAPIE

Date

Daytime Phone

CR2E037 (9/01)