2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N95000000663

Entity Name: GOLD COAST DOG CLUB, INC.

FILED Apr 05, 2003 Secretary of State

Current Principal Place of Business:				New Princi	New Principal Place of Business:		
6591 SW 45TH ST. DAVIE, FL 33314 US							
Current Mailing Address:				New Mailin	New Mailing Address:		
8831 NW 14TH ST. PEMBROKE PINES, FL 33024 US							
FEI Number:	65-0495473	FEI Nun	nber Applied For() FE	El Number Not Applic	cable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
THOMAS, JANA 8831 NW 14TH STREET PEMBROKE PINES, FL 33024 US							
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:							
Electronic Signature of Registered Agent Date							
OFFICERS AND DIRECTORS:				ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD (SANTARONE, 5001 ARTHUR HOLLYWOOD	STREET		Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	VP (CHIGER, RUT 20741 NE 19T MIAMI, FL 33	H CT.		Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	TD (THOMAS, JAN 8831 NW 14TI PEMBROKE F	H ST.		Title: Name: Address: City-St-Zip:	T (X) Change () Addition THOMAS, JANA 8831 NW 14TH ST. PEMBROKE PINES, FL		
Title: Name: Address: City-St-Zip:	D (SANDER, WIL 761 NW 73RD PLANTATION,	TERRACE		Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	D (BAILEY, KATH 5785 SW 160 FORT LAUDEI	TH AVENUE	33331	Title: Name: Address: City-St-Zip:	S (X) Change () Addition O'BRIEN, JENNIFER 2437 GULFSTREAM LANE FORT LAUDERDALE, FL 33312		
Title: Name: Address: City-St-Zip:	SD (CACCAVENE, 380 NE 44TH POMPANO BE	COURT	3064	Title: Name: Address: City-St-Zip:	D (X) Change () Addition PANETTA, MICHELE 3963 NW 18TH AVENUE OAKLAND PARK, FL 33309		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STACY SANTARONE PD 04/05/2003