2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N96000002339

1. Entity Name

EVERGLADES REGIONAL DOG HUNTERS ASSOCIATION, INC.



FILED Feb 27, 2003 8:00 am § Secretary of State

02-27-2003 90163 032 ****70.00

| • | | <u> </u> | | 200 | | | |
|---|---------------------------------------|--|--|---|---|--------------------------------|--|
| Principal Pla | ce of Business | Mailing Address | | | | | |
| P.O. BOX 2210 WEST PALM E US | 652 BEACH FL 39411 | PO BOX 221652 W. PALM BCH, FL- 38411 | | | | | |
| 200 nin nin ni f | Diameter (Discission | | 1 | | | | |
| P.O. 100x 22165 - 17.6 | | Po Box 2 | 21652 | | il a b irki ec iki bu iki b a lil bel | | |
| Suite Apt. #, elc. | | Suite, Apt. #, etc. | uite, Apt. #, etc. | | ☐ CHECK HERE IF MAKING CHANGES | | |
| WEST | PALM BEACH .FL | WEST PALM | BEACH, | 4. FEI Number 65 | 5-0913946 | Applied For Not Applicable | |
| 334 | 122 PALM BEACH | 33422 | Country | 5. Certificate of St | atus Desired | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent | | | | | | <u> </u> | |
| ! Name | | | | | | | |
| FELTON, BETTY 1520 MERIDIAN ROAD WEST PALM BEACH FL 33417 | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
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| ٤ | , , , , , , , , , , , , , , , , , , , | | City | n <u>i</u> | _ | 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. I am familiar with, and accept the obligations of registered agent. | | | | | | | |
| SIGNATURE Betty Fellow 3-25-03 | | | | | | | |
| Signature, typed or political name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | |
| FILE NOW: FEE IS \$61.25 9. Election Campa Trust Fund Cont | | | | \$5.00 May Be Added to Fees Make Check Payable to Florida Department of State | | | |
| 10. | OFFICERS AND DIRECTORS | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | PT | ☐ Delete | TITLE | | | ☐ Change ☐ Addition | |
| NAME | SABIN, JORGE | | NAME | | | | |
| STREET ADDRESS 11290 66TH STREET NORTH | | | STREET ADDRESS | | | | |

CITY-ST-ZIP WEST PALM BEACH FL 33412 CITY-ST-ZIP TVP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME **BUNTING, ROBERT** NAME STREET ADDRESS 500 N.E. 3RD ST STREET ADDRESS CITY-ST-ZIP **BELLE GLADE FL 33430** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME WORKMAN, SUZANNE . Name STREET ADDRESS 5090 STACEY STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33417 CITY-ST-ZIP TITLE ☐ Delete TITLE: Change ☐ Addition NAME FELTON, BOB NAME. STREET ADDRESS 1520 MERIDIAN RD STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33417 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME FREEMAN, GENE NAME STREET ADDRESS 11895 171ST LANE NORTH STREET ADDRESS CITY-ST-ZIP JUPITER FL 33428 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME WELLS, GARY NAME STREET ADDRESS 235 13TH AVENUE STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32962 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

PRESIDENT