

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002739

1. Entity Name

THE FLORIDA AMERICAN ESKIMO DOG ASSOCIATION, INC

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90011 023 ****61.25

Principal Place of Business

Mailing Address

5977 24TH AVE., S.W.
NAPLES FL 33999

5977 24TH AVE., S.W.
NAPLES FL 34116-6705

2. Principal Place of Business

5977 STAR GRASS Lane
Suite, Apt. #, etc.

3. Mailing Address

5977 STAR GRASS Lane
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0702041

Applied For

Not Applicable

Zip

34116

Country

Zip

34116

Country

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

Name

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

5977 STAR GRASS Lane

City

FL

Zip Code

34116

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	<input type="checkbox"/> Delete
DP	MACDONALD, STARR	5301 SALTAMONTE DR	NEW PORT RICHEY FL	<input checked="" type="checkbox"/>
DVP	PETRIE, ROBERT	4339 PIEDRAS ST	COCOA FL 32927	<input checked="" type="checkbox"/>
DT	ALLEN, DEBORAH J	5977 24TH AVE SW	NAPLES FL	<input type="checkbox"/>
DS	BOCCIA, CINDY	232 INDIGO DR	CLEARWATER FL 33763	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DVP	Galloway, Kim	1330 OPAI Circle	Lawrenceville, GA 30043	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DP				<input checked="" type="checkbox"/>	<input type="checkbox"/>
DST	Joanna Baber	1491 Roble Lane	DELTONA, FL 32738	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

DATE

Daytime Phone #

CR2E037 (9/99)