

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90067 018 \*\*\*\*61.25

C : 774

**DOCUMENT # N98000000805**

1. Entity Name

**FLORIDA DOBERMAN RESCUE, INC.**

Principal Place of Business

66 MOODY DR  
 PALM COAST FL 32137  
 US

Mailing Address

PO BOX 350702 ← *Wrongs #*  
 PALM COAST FL 32135  
 US

00011383



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

*PO BOX 350752*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Palm Coast, FL*

4. FEI Number

**59-3492619**

Applied For

Not Applicable

Zip

Country

*32135*

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

**CHESTNUT, PAIGE**  
**66 MOODY DR**  
**PALM COAST FL 32137**

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	<b>VSD</b>	<input type="checkbox"/> Delete
NAME	<b>CHESTNUT, STEVEN</b>	
STREET ADDRESS	<b>2400 NW 31ST TERR.</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32605</b>	
TITLE	<b>PTD</b>	<input type="checkbox"/> Delete
NAME	<b>CHESTNUT, PAIGE</b>	
STREET ADDRESS	<b>2400 NW 31ST TERR.</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32605</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LEO, DORIS</b>	
STREET ADDRESS	<b>2800 NW 32ND ST</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32605</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:** *Paige Chestnut*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/20/01*  
 Date

*904 447-8554*  
 Daytime Phone #

CR2E037 (10/00)