

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001887

1. Entity Name

K-9 SEARCH AND RESCUE TEAMS OF FLORIDA, INC. - P

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90073 019 \*\*\*\*61.25

Principal Place of Business <b>1459 RUTH ROAD DUNEDIN FL 34698</b>	Mailing Address <b>1459 RUTH ROAD DUNEDIN FL 34698-4414</b>
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DO NOT WRITE IN THIS SPACE

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 <b>59-3502406</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**SCAVUZZO, SHARON E**  
**1459 RUTH ROAD**  
**DUNEDIN FL 34698**

7. Name and Address of New Registered Agent

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>AMES, SUZANNE</b> <b>1724 GROVELEAF</b> <b>PALM HARBOR FL 34683</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BUTLER, CHARLES</b> <b>4725 WOLFRAM LN</b> <b>NPR FL 34653</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>RAS, BRUCE</b> <b>1831 NUTHATCH WAY</b> <b>PALM HARBOR FL 34683</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>PARRAVANI, CARLA</b> <b>2424 55 ST N</b> <b>ST PETE FL 33710</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DOT</b> <b>OLESKY, BOB</b> <b>1401 61 ST S 74</b> <b>ST PETE FL 33707</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DOT</b> <b>AKENHURST, STEVE</b> <b>5850 13 AVE S 204B</b> <b>GULFPORT FL 33707</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>ROBERT CLARK</b> <b>3733 STARLITE LN.</b> <b>PORT CHARLOTTE, FL 33952</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>R.A.O, BRUCE</b> <b>1831 NUTHATCH WAY</b> <b>PALM HARBOR, FL 34683</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>TRISTA SAMPSON</b> <b>1309 FREEMONT ST. #204-A</b> <b>GULFPORT, FL 33707</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DOT</b> <b>TOM PANKO</b> <b>PO BOX 278</b> <b>CASSADAGA, FL 32706-0278</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AKEHURST, STEVE</b> <b>111-9 SEAGULL LANE</b> <b>ST. PETERSBURG, FLA. 33707</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: SHARON E. SCAVUZZO **SHARON E. SCAVUZZO** **Founder & Director** **3/7/00** **(737)**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **OF OPERATIONS** Date **3/7/00** Daytime Phone # **563-7886**

CR2E037 (9/99)