

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90216 027 ****61.25

DOCUMENT # N98000001887

1. Entity Name

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

Principal Place of Business

1459 RUTH ROAD
DUNEDIN FL 34698

Mailing Address

1459 RUTH ROAD
DUNEDIN FL 34698

2. Principal Place of Business

1642 HOBBIT RD.

3. Mailing Address

1642 HOBBIT RD.

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

Dunedin FL

City & State

Dunedin FL

Zip

34698

Country

U.S.A.

Zip

34698

Country

U.S.A.

4. FEI Number

59-3502406

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

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 SHARON E. SCAVUZZO

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

1642 HOBBIT RD.

City

Dunedin

FL

Zip Code

34698

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	VP CLARK, ROBERT 2733 STARLITE LANE PORT CHARLOTTE FL 33952	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAO, BRUCE 1831 NUTHATCH WAY PALM HARBOR FL 34683	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SAMPSON, TRISTA 1309 FREEMONT STREET #204-A SAINT PETERSBURG FL 33707	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OTD PANKO, TOM P.O. BOX 278 CASSADAGA FL 32706	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AMES, SUZANNE 1724 GROVE LEAF PALM HARBOR FL 34683	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOT AKENHURST, STEVE 1119 SEAGULL LANE GULFPORT FL 33707	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SUZANNE AMES 1724 GROVE LEAF PALM HARBOR, FL 34683	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LESLIE PATTERSON 711 FAIRWOOD LANE CLEARWATER, FL 33759	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OTD MAC MCMAHON 3701 SILVER LAKE DR. KISSIMMEE, FL 34744	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERT CLARK 2733 STARLITE LANE PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Change <input checked="" 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/01

Date

Daytime Phone #

CR2E037 (10/00)