

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 01, 2001 8:00 am**
Secretary of State

03-01-2001 90051 001 ****61.25

DOCUMENT # N99000004366

1. Entity Name

SOUTH FLORIDA BASSET HOUND CLUB, INC.

Principal Place of Business

2780 SW 11 PLACE
DEERFIELD BEACH FL 33442
US

Mailing Address

2780 SW 11 PLACE
DEERFIELD BEACH FL 33442
US

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

MASON, STEVEN
3363 SHERIDAN ST, SUITE 201
HOLLYWOOD FL 33021

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 \$61.259. 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 PD
NAME FERGUSON, ELLEN ☐ Delete
STREET ADDRESS 7761 SW 134TH AVE
CITY-ST-ZIP MIAMI FL 33183TITLE VD
NAME SILVERMAN, BONNIE ☐ Delete
STREET ADDRESS 2084 ISLAND CIRCLE
CITY-ST-ZIP WESTON FL 33326TITLE TD
NAME WOOD, MARCIA ☐ Delete
STREET ADDRESS 2780 SW 11TH PLACE
CITY-ST-ZIP DEERFIELD BEACH FL 33442TITLE D
NAME POMPONIO, JACKY ☐ Delete
STREET ADDRESS 2070 NW 15TH PLACE
CITY-ST-ZIP DELRAY BEACH FL 33445TITLE D
NAME SILVERMAN, GLENN ☐ Delete
STREET ADDRESS 2084 ISLAND CIRCLE
CITY-ST-ZIP WESTON FL 33326TITLE D
NAME COPE, CAROLE ☐ Delete
STREET ADDRESS 980 SW 19 STREET
CITY-ST-ZIP BOCA RATON FL 33486

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE AD ☐ Change ☒ Addition
NAME CALDWELL, CHERYL
STREET ADDRESS 5040 NE 23 Terrace
CITY-ST-ZIP Lighthouse Point, FL 33064TITLE AD ☐ Change ☒ Addition
NAME MAIZNER, NEIL
STREET ADDRESS 6124 Rose Terrace
CITY-ST-ZIP PLANTATION, FL 33317TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)