

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005412

1. Entity Name

SUNSHINE TERRIER CLUB, INC.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90094 048 ****61.25

Principal Place of Business

Mailing Address

11325 BLACKWOOD DR.
NEW PORT RICHEY FL 34654

11325 BLACKWOOD DR.
NEW PORT RICHEY FL 34654-1942

C0011653



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

59-2977022

Applied For

Not Applied

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

WALTER V PASKO JR

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

11325 BLACKWOOD DR

City

NEWPORT RICHEY FL

FL

Zip Code
34654

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVE.
CORAL GABLES FL 33134

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 PD
NAME PASKO, JUNE E
STREET ADDRESS 11325 BLACKWOOD DR.
CITY-ST-ZIP NEW PORT RICHEY FL 34654

☐ Delete

TITLE VD
NAME MEETZE, NATHAN
STREET ADDRESS 11325 BLACKWOOD DR.
CITY-ST-ZIP NEW PORT RICHEY FL 34654

☐ Delete

TITLE S
NAME SCHEIGERT, MELISSA A
STREET ADDRESS 11325 BLACKWOOD DR.
CITY-ST-ZIP NEW PORT RICHEY FL 34654

☐ Delete

TITLE TD
NAME PASKO, WALTER V JR.
STREET ADDRESS 11325 BLACKWOOD DR.
CITY-ST-ZIP NEW PORT RICHEY FL 34654

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-00

856-6219

Date

Daytime Phone #