

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90039 027 ****61.25

DOCUMENT # N99000007435

1. Entity Name

DOG PARK CLUB OF INDIAN RIVER, INC.

Principal Place of Business

**P.O. BOX 2693
VERO BEACH FL 32961**

Mailing Address

**P.O. BOX 2693
VERO BEACH FL 32961**

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

59-3620162

Applied For

Not Applicable

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

**WOODRUFF, JOCELYN
4986 5TH MANOR
VERO BEACH FL 32968**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | WOODRUFF, JOCELYN | |
| STREET ADDRESS | 4986 5TH MANOR | |
| CITY-ST-ZIP | VERO BEACH FL 32968 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | STRYKER, BETH | |
| STREET ADDRESS | 3 SEAGULL AVE | |
| CITY-ST-ZIP | VERO BEACH FL 32960 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | MCALARNEN, MATTHEW J | |
| STREET ADDRESS | 935 32ND AVE | |
| CITY-ST-ZIP | VERO BEACH FL 32960 | |
| 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 | | |

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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 |
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| 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: *Matthew J McAlarnen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/02 561-460-7529

CR2E037 (9/01)