

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90377 021 \*\*\*61.25

DOCUMENT # N99000007435

1. Entity Name

Dog Park Club of Indian River, Inc.



**DO NOT WRITE IN THIS SPACE**

11038592

2. Principal Place of Business

1230 16th Ave.

Suite, Apt. #, etc.

3. Mailing Address

935 32nd Ave.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Vero Beach, FL

Zip Country

32960

City & State

Vero Beach, FL

Zip Country

32960

4. FEI Number

59-3620162

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Woodruff, Jocelyn

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

4986 5th Manor

City

Vero Beach

FL

Zip Code

32968

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended: UBR

9. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME Woodruff, Jocelyn  
STREET ADDRESS 4986 5th Manor  
CITY-ST-ZIP Vero Beach, FL 32968

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD  
NAME Meyers, Sue  
STREET ADDRESS 425 30th Court SW  
CITY-ST-ZIP Vero Beach, FL 32968

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD  
NAME McAlarnen, Matthew J  
STREET ADDRESS 935 32nd Ave  
CITY-ST-ZIP Vero Beach, FL 32960

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Corporate Phone #

CR2E037B (12/02)