

5/3/01

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 25, 2001 8:00 am
Secretary of State

05-03-2001 90965 010 ***150.00

DOCUMENT # P00000088017

1. Entity Name

THE HAPPY CAMPER DOGGY DAY CAMP, INC.

Principal Place of Business

Mailing Address

11501 47TH STREET NORTH
 UNIT B
 CLEARWATER FL 33762

11501 47TH STREET NORTH
 UNIT B
 CLEARWATER FL 33762

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

59-3675429

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

CONWAY, KELLYANN
39930 U.S. HIGHWAY 19 NORTH
TARPON SPRINGS FL 34689

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

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **FERRARO, HEATHER**
 STREET ADDRESS **1119 MONTE CARLO DRIVE**
 CITY-ST-ZIP **HUNTERSVILLE NC 28078**

TITLE **Ferraro, Heather** ☒ Change ☐ Addition
 NAME **4701 88th Avenue N. #410**
 STREET ADDRESS **Pine Lakes Park, FL 33782**
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **CONWAY, WILLIAM P**
 STREET ADDRESS **6136 ARTHUR AVENUE**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **CONWAY, KELLYANN**
 STREET ADDRESS **6136 ARTHUR AVENUE**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Heather Ferraro

4-25-01

727-556-7676

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)