

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000011788

1. Entity Name

BARKING DOG ENTERTAINMENT, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90082 011 ***150.00

Principal Place of Business

4501 TAMiami TRAIL N SUITE 400
 NAPLES FL 34103

Mailing Address

P.O. BOX 11956
 NAPLES FL 34101-2956

2. Principal Place of Business

2614 TAMiami TRAIL North

3. Mailing Address

Suite, Apt. #, etc.

Suite 400

City & State
 NAPLES, FLORIDA

City & State

Zip
 34103

Country
 USA

Zip

Country

4. FEI Number 59-3490176

Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GILLESPIE, STEVEN B
 2614 TAMiami TRAIL NORTH STE 400
 NAPLES FL 34103

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

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, 2000 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

TITLE DPT
 NAME GILLESPIE, STEVEN B
 STREET ADDRESS 4501 TAMiami TRAIL N SUITE 400
 CITY-ST-ZIP NAPLES FL 34103 ☐ Delete

TITLE DVS
 NAME GILLESPIE, KATHRINE M
 STREET ADDRESS 4501 TAMiami TRAIL N SUITE 400
 CITY-ST-ZIP NAPLES FL 34103 ☐ Delete

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D/P/T
 NAME GILLESPIE, STEVEN B. ☒ Change ☐ Addition
 STREET ADDRESS 2614 TAMiami TRAIL NORTH SUITE 400
 CITY-ST-ZIP NAPLES, FLORIDA 34103

TITLE D/V/S
 NAME GILLESPIE, KATHRINE M. ☒ Change ☐ Addition
 STREET ADDRESS 2614 TAMiami TRAIL NORTH SUITE 400
 CITY-ST-ZIP NAPLES, FLORIDA 34103

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

STEVEN B. GILLESPIE President 4/25/00 261-6999 (941)

CR2E034 (9/99)