

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90038 041 ***150.00

DOCUMENT # **P99000074709**

1. Entity Name

Citrus Capital Pekingese Club ✓

427410

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9295 127th St.

3. Mailing Address

Suite, Apt. # etc.

Live Oak, FL

Suite, Apt. # etc.

Same

DO NOT WRITE IN THIS SPACE

City & State

32060

City & State

4. FEI Number

593628442

Applied For

Not Applicable

Zip

Country

Alacha

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name **Kenton A. Shephard**

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

938 Feather Dr.

Deltona, FL

City

FL

Zip Code

32725

**DO NOT WRITE
IN THIS SPACE**

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	P
NAME	Janet Tucker
STREET ADDRESS	9295 127th St
CITY-ST-ZIP	Live Oak, FL 32060
TITLE	VP
NAME	Eva Matheny
STREET ADDRESS	341 Melody Lane
CITY-ST-ZIP	Casselberry, FL 32707
TITLE	T
NAME	Susan Shephard
STREET ADDRESS	938 Feather Dr
CITY-ST-ZIP	Deltona, FL 32725
TITLE	SEC
NAME	Debbie Faulkner
STREET ADDRESS	2218 Morrow St
CITY-ST-ZIP	Lakeland, FL 33815
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan Shephard, Pres. **3/6/02** **(407) 230-9086**

Date

Daytime Phone #

CR2034B (12/01)