

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90021 015 ***150.00

DOCUMENT # S27894

1. Entity Name

SUNLAND ACRES KENNELS, INC.

Principal Place of Business

1376
1380 FRUIT COVE ROAD
JACKSONVILLE FL 32259
US

Mailing Address

1376
1380 FRUIT COVE ROAD
JACKSONVILLE FL 32259

2. Principal Place of Business

1376 FRUIT COVE RD. S.
 Suite, Apt. #, etc.

3. Mailing Address

1376 FRUIT COVE RD. S.
 Suite, Apt. #, etc.

City & State

FRUIT COVE, FL.

City & State

FRUIT COVE, FL.

Zip

32259

Country

ST. JOHNS

Zip

32259

Country

ST. JOHNS

4. FEI Number

59-3046256

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

~~WINCHESTER, HENRY C.~~
~~1380 FRUIT COVE RD~~
~~JACKSONVILLE FL 32223~~

MARJORIE H. WINCHESTER
1376 FRUIT COVE. RD S.
JACKSONVILLE, FL 32259

7. Name and Address of New Registered Agent

Name

MARJORIE H. WINCHESTER

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

1376 FRUIT COVE RD. S.

City

JACKSONVILLE, FL 32223 59

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 *Marjorie H. Winchester*

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 **V** ☐ Delete
 NAME **WINCHESTER, MARJORIE H. PSD**
 STREET ADDRESS **1380 FRUIT COVE RD S. 1376 Fruit Cove Rd S.**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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 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: *Marjorie H. Winchester*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-2000 (904) 287-5246
 Date Daytime Phone #

CR 1004-0300