

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765236

1. Entity Name

CLEWISTON FRIENDS OF ANIMALS, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90108 046 ****61.25

Principal Place of Business

Mailing Address

14526 RIVERSIDE DR. S.E.
 FT. MYERS FL 33905

14526 RIVERSIDE DR. S.E.
 FT. MYERS FL 33905-4716

O U I 4 U U



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

BENSON, CARROLL L.
14526 RIVERSIDE DR. S.E.
FT. MYERS FL 33905

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **BENSON, CARROLL L.**
 STREET ADDRESS **14526 RIVERSIDE DR. S.E.**
 CITY-ST-ZIP **FT. MYERS FL 33905**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **NALL, FRANCES M.**
 STREET ADDRESS **313 W. ARCADE AVE**
 CITY-ST-ZIP **CLEWISTON FL 33440**

TITLE Change Addition
 NAME
 STREET ADDRESS **1006 @ Ponce de Leon Ave.**
 CITY-ST-ZIP **Clewiston FL 33440**

TITLE **TD** Delete
 NAME **CHAMNESS, MALI**
 STREET ADDRESS **523 E. OSCEOLA**
 CITY-ST-ZIP **CLEWISTON FL 33440**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Benson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)