

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90151 004 ****61.25

DOCUMENT # N00000003918

1. Entity Name
AMERICAN ANIMAL HUSBANDRY COALITION, INC.



Principal Place of Business

**213 CLIFTON ROAD
CRESCENT CITY FL 32112
US**

Mailing Address

**213 CLIFTON ROAD
CRESCENT CITY FL 32112
US**

60066147



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-1040379

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RIERA-GOMEZ, ORLANDO
213 CLIFTON ROAD
CRESCENT CITY FL 32112**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	CRAWFORD, NEAL	
STREET ADDRESS	2025 SLOCOMB RD.	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	VD	☐ Delete
NAME	RIERA-GOMEZ, ORLANDO	
STREET ADDRESS	213 CLIFTON ROAD	
CITY-ST-ZIP	CRESCENT CITY FL 32112	
TITLE	TD	☐ Delete
NAME	RIERA-GOMEZ, JANET	
STREET ADDRESS	213 CLIFTON ROAD	
CITY-ST-ZIP	CRESCENT CITY FL 32112	
TITLE	SD	☐ Delete
NAME	CRAWFORD, CARMELETTA	
STREET ADDRESS	2025 SLOCOMB RD.	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: *Janet Riera-Gomez* **1-23-03 386-698-0914**

CR2E037 (10/02)