

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

FILED
Feb 17, 2003 8:00 am
Secretary of State

01-21-2003 90218 008 ****61.25

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DOCUMENT # N01000003232

1. Entity Name

ANIMAL COALITION OF TAMPA, INC.



Principal Place of Business

**11132 WINDPOINT DRIVE
TAMPA FL 33635**

Mailing Address

**8490 W. HILLSBOROUGH AVENUE
#156
TAMPA FL 33615**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3713414**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAMILTON, LINDA R
11132 WINDPOINT DRIVE
TAMPA FL 33635**

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 \$81.25

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 **P/D** ☐ Delete
NAME **HAMILTON, LINDA**
STREET ADDRESS **11132 WINDPOINT DRIVE**
CITY-ST-ZIP **TAMPA FL 33635**

TITLE **T/D** ☐ Delete
NAME **HAMILTON, FRANK**
STREET ADDRESS **11132 WINDPOINT DRIVE**
CITY-ST-ZIP **TAMPA FL 33635**

TITLE **D** ☐ Delete
NAME **WILKERSON, ANITA**
STREET ADDRESS **5908 COVE LANDING, #101**
CITY-ST-ZIP **BURKE VA 22015**

TITLE **SD** ☒ Delete
NAME **KAUFMAN, SUSAN**
STREET ADDRESS **14212 BANBURY LANE**
CITY-ST-ZIP **TAMPA FL 33624**

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
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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:

Susan Kaufman
SUSAN KAUFMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/03

Date

(813) 855-3927

Daytime Phone

CR2E037 (10/02)