


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

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90138 038 ****70.00

DOCUMENT # N01000007914

1. Entity Name
EVERGLADES GOLDEN RETRIEVER RESCUE, INC.



Principal Place of Business Mailing Address

9451 NW 21 MANOR **9451 NW 21 MANOR**
SUNRISE FL 33322 **SUNRISE FL 33322**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1157578** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SNOW-POSNER, DIANNE
9451 NW 21 MANOR
SUNRISE FL 33322

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GOLDMAN, MARLENE 10729 ROYAL CARIBBEAN CIR BOYNTON BCH FL 33437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV THOMPSON, BERNARDINE 14650 N. BECKLEY SQ DAVIE FL 33325 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SNOW-POSNER, DIANNE 9451 NW 21 MANOR SUNRISE FL 33322 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Hermine Scolnik /284 Morocco Lake Dr. Delray Beach, FL 33446-3778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DAVIDE, THOMAS R 13426 SW 30 ST MIRAMAR FL 33027 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Susan King 120 Galiano St. Royal Palm Beach, FL 33411-1231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, KARA 8631 NW 24 PL SUNRISE FL 33322 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMPE, BOB 3031 NE 51 ST #405 FT LAUDERDALE FL 33308 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Dianne Snow-Posner 9451 NW 21 Manor Sunrise, FL 33322-3616

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: **Marlene Goldman, President** *Marlene Goldman* **2/21/03** **561-742-8545**

CR2E037 (10/02)