

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

FILED
Jul 24, 2003 8:00 am
Secretary of State

05-01-2003 90164 030 ***61.25

DOCUMENT # N02000008967

1. Entity Name

Last Chance Animal Sanctuary Inc



DO NOT WRITE IN THIS SPACE

55052025

2. Principal Place of Business

1535 Castle Dr.

3. Mailing Address

P.O. Box 50162

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Sarasota, FL

City & State

Sarasota, FL

4. FEI Number

57-1139162

Applied For

Not Applicable

Zip

34240

Country

Sarasota

Zip

34232-0301

Country

Sarasota

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Carrie Mann

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

1535 Castle Dr.

Sarasota

City

Sarasota

FL

Zip Code

34240

**DO NOT WRITE
IN THIS SPACE**

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.

Carrie Mann

(NOTE: Registered Agent signature required when reinstating)

7-8-03

DATE

FEE IS \$61.25
Initial or Amended UBR

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
NAME
STREET ADDRESS
CITY-ST-ZIP

President
Mann, Carrie D
1535 Castle Dr.
Sarasota, FL 34240

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Decell, Melissa D
3912 Middlesex Place
Sarasota, FL 34241

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Danielle, Michelle T
3321 Williamsburg ST
Sarasota, FL 34231

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Trueschel Debbie T
22108 26th Ave. E
Bradenton, FL 34211

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Admin. Assistant
Greig, Kathryn T
3216 Chestnut Ave.
Sarasota, FL 34234

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 on an attachment with an address, with all other like empowered.

SIGNATURE

Carrie Mann

Carrie Mann

7-8-03

1-941-2166-6522

CR2E037B (12/02)