2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **N31718** May 22, 2000 8:00 am Secretary of State 1. Entity Name SOUTH LAKE ANIMAL LEAGUE, INC. 05-22-2000 90034 050 ****61.25 Principal Place of Business Mailing Address C/O BETH A. MCCABE C/O BETH A. MCCABE P. O. BOX 121504 P. O. BOX 121504 **CLERMONT FL 34712-8504 CLERMONT FL 34712-1504** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 59-2949848 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BETH A. MCCABE 115 ALEXANDRIA AVE MINNEOLA FL 34755 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 DATE 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. **Department of State** FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. ☐ Addition ☐ Delete TITLE TITI F MCCABE, BETH NAME NAME STREET ADDRESS STREET ADDRESS 115 ALEXANDRIA AVE CITY-ST-ZIP Minneola, FL CITY-ST-ZIP CLERMONT FL Change ☐ Addition TITLE SD Delete TITLE Baril, Karen WITHROW, CLAIRE NAME NAME 8014 CR474 STREET ADDRESS STREET ADDRESS 26644 BIMINI DR Clenmont-EL CITY-SI-ZIP. .CITY-ST-ZIP. astatula-fl-☐ Addition **VPD** ☐ Change TITLE Delete TITLE NAME Ketch, Gail NAME STREET ADDRESS 510 SHADY NOOK DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLERMONT FL 34711 Change □ Addition TD ☐ Delete TITLE CLINE, RONDA NAME NAME STREET ADDRESS STREET ADDRESS 7417 T. L. CLINE ROAD CITY-ST-ZIP CITY-ST-ZIP groveland fl Change Delete TITLE ☐ Addition TITLE Rose Biddle NAME JACKSON, MARY NAME 915 W. Montrose St STREET ADDRESS 5618 MARYS VILLA ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GROVELAND FL TITLE ☐ Addition Delete TITLE SUTTTON, JEANNE NAME NAME STREET ADDRESS STREET ADDRESS 14415 E. TENNESSEE AVE. CITY-ST-ZIP CITY-ST-ZIP astatula fl 12. I hereby certify that the information supplied with this filling 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.

ATURE: 500545AUR/EBBOUIRIBETH A McCabe President 4-16:00 352-394-39