2CO1 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 26, 2001 8:00 am § Secretary of State DOCUMENT # **N31718** 1. Entity Name SOUTH LAKE ANIMAL LEAGUE, INC. 04-26-2001 90148 049 ****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 34712-8504 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2949848 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BETH A. MCCABE 115 ALEXANDRIA AVE MINNEOLA FL 34755 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. (10/00)PD TITLE Delete TITLE Change ☐ Addition McCabioPriestley Both MCCABE, BETH NAME NAME STREET ADDRESS 115 ALEXANDRIA AVE STREET ADDRESS CR2E037 CITY-ST-ZIF CITY-ST-ZIP MINNEOLA FL Minnacla, Fr. 34755 TITLE SD Delete TITLE ☐ Change Addition THOMPSON-PRICE, PATRICIA BARIL, KAREN NAME NAME 375 W. MINNEHAHA AVE. STREET ADDRESS 8014 CR 474 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLERMONT FL CLERMONT FL 34711 **VPD** Addition 🗓 Delete TITLE Change TITLE KETCH, GAIL NAME NAME STREET ADDRESS 510 SHADY NOOK DR STREET ADDRESS 19 E 1de wintrende, The CITY-ST-7iP CLERMONT FL 34711 CITY-ST-7IP TD TITLE TITLE Delete Change X Addition CLINE, RONDA BONNY BOWYER NAME NAME 15705 ARABIAN WAY STREET ADDRESS 7417 T. L. CLINE ROAD STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP MONTVERDE , FL 34756 GROVELAND FL TITLE ☐ Delete TITLE D Change ☐ Addition BIDDLE, ROSE BIDDLE, ROSE NAME NAME 658 WEST AVE 915 W MONTROSE ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLERMONT, FL CLERMONT FL TITLE Delete TITLE VPD Change **X** Addition SUTTTON, JEANNE MARK SCHMIDT NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

14415 E. TENNESSEE AVE.

ASTATULA FL

STREET ADDRESS

CITY-ST-ZIP

BONNY TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND

490 E. SOUTH ST.

ORLANDO

32801

Hachment

A0058302 #N317/8

Document #N31718

South Lake Animal League, Inc.

Attachment: 2001 Uniform Business Report

Director

Janet Christoff

194 N. Highway 27, Suite D.

Clermont, FL 34711

Director

Linda Coletta

16727 Royal Palm Dr. Groveland, FL 34736

Director

Susan Kimball, RN 12407 Sunshine Dr. Clermont, FL 3471

Director

Terry Knorr

1810 South Highway 27 Clermont, FL 34711

Director

Dr. Kurtis D. Michaux 11449 Grand Bay Blvd. Clermont, FL 34711

Director

Keith Mullins 640 Drew Ave. Clermont, FL 34711

President

James K. Simon

6702 Lake Kirkland Dr. Clermont, FL 34711

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