

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90044 042 ****61.25

DOCUMENT # N51048

1. Entity Name

ANIMAL RESCUE OF LABELLE, INC.

Principal Place of Business

1674 MUSE ROAD
 LABELLE FL 33935

Mailing Address

POST OFFICE BOX 2441
 LABELLE FL 33975-2441

2. Principal Place of Business

1380 SUMMERALL ROAD

3. Mailing Address

AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

LABELLE FLORIDA 33935

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0404638

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SHEPPARD, DIANE G.
1674 MUSE RD.
LABELLE FL 33935

7. Name and Address of New Registered Agent

Name

DIANE G SHEPPARD

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

26600 OLD MUSE ROAD

City

LABELLE

FL

Zip Code
33935

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

DIANE G SHEPPARD

8th FEBRUARY 2000

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SHEPPARD, D G	
STREET ADDRESS	1674 MUSE RD	
CITY-ST-ZIP	LABELLE FL 33935	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHEPPARD, PETER	
STREET ADDRESS	1674 MUSE RD.	
CITY-ST-ZIP	LABELLE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STOCKWELL, DALLAS	
STREET ADDRESS	1671 MUSE RD.	
CITY-ST-ZIP	LABELLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SVENSSON, LISA	
STREET ADDRESS	544 BAYWOOD DR.	
CITY-ST-ZIP	LABELLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILTON A ECK	
STREET ADDRESS	1312 AVALON STREET	
CITY-ST-ZIP	LABELLE FLORIDA 33935	
TITLE	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIANE G SHEPPARD	
STREET ADDRESS	26600 OLD MUSE ROAD	
CITY-ST-ZIP	LABELLE FLORIDA 33935	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETER C SHEPPARD	
STREET ADDRESS	26600 OLD MUSE ROAD L	
CITY-ST-ZIP	LABELLE FLORIDA 33935	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALLAS S STOCKWELL	
STREET ADDRESS	26600 OLD MUSE ROAD	
CITY-ST-ZIP	LABELLE FLORIDA 33935	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **DIANE G SHEPPARD** 8TH FEB 2000 1863 612 0228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)