

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006098

1. Entity Name

DALMATIAN RESCUE, INC.

Principal Place of Business

972 N.E. 151 STREET
NORTH MIAMI BEACH FL 33162

Mailing Address

972 N.E. 151 STREET
NORTH MIAMI BEACH FL 33162-5810

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2006801

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DANE, PATRICIA
972 N.E. 151 STREET
NORTH MIAMI BEACH FL 33162

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VT ☐ Delete
NAME DANE, MARK
STREET ADDRESS 972 NE 151 STREET
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162

TITLE ☐ Change ☒ Addition
NAME GLENN KALICK D.V.M.
STREET ADDRESS 10625 WILKS RD.
CITY-ST-ZIP CORAL SPRINGS FL. 33076

TITLE ST ☐ Delete
NAME SKIPP, INGRID
STREET ADDRESS 4700 SW 172ND AVE.
CITY-ST-ZIP FT. LAUDERDALE FL 33331

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TT ☐ Delete
NAME SKIPP, DONALD
STREET ADDRESS 4700 SW 172ND AVE.
CITY-ST-ZIP FT. LAUDERDALE FL 33331

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME DANE, PATRICIA
STREET ADDRESS 972 N.E. 151 STREET
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90206 015 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)