

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003409

1. Entity Name

SAFEHOUSE ANIMAL SANCTUARY, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90055 024 \*\*\*\*61.25

Principal Place of Business

12539 HUDSON AVE  
HUDSON FL 34669

Mailing Address

12539 HUDSON AVE  
HUDSON FL 34669-3340

2. Principal Place of Business

12539 Hudson Ave.

3. Mailing Address

12539 Hudson Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hudson, FL

City & State

Hudson, FL

4. FEI Number

59-3518818

Applied For

Not Applicable

Zip

34669

Country

Pasco

Zip

34669

Country

Pasco

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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

TITLE PSTD ☐ Delete  
NAME METTLER, DEBORAH A  
STREET ADDRESS 12539 HUDSON AVE  
CITY-ST-ZIP HUDSON FL 34669

TITLE D ☐ Delete  
NAME Cetrangola, STEPHANIE M  
STREET ADDRESS 2950 2ND AVE N  
CITY-ST-ZIP ST PETERSBURG FL 33713

TITLE D ☒ Delete  
NAME KELLY, MONA  
STREET ADDRESS 2265 INDIAN AVE SO  
CITY-ST-ZIP LARGO FL 33770

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME Mettler, Deborah A. PD  
STREET ADDRESS 12539 Hudson Ave  
CITY-ST-ZIP Hudson, FL 34669

TITLE ☒ Change ☐ Addition  
NAME Cetrangola, Stephanie  
STREET ADDRESS 2950 2nd Ave N  
CITY-ST-ZIP St. Petersburg, FL 33713

TITLE ☐ Change ☒ Addition  
NAME SD Cynthia Gabaldon  
STREET ADDRESS 605 Elaine Circle  
CITY-ST-ZIP Marietta, GA 30066

TITLE ☐ Change ☒ Addition  
NAME D Stephen Todd Gividen  
STREET ADDRESS 2705 Holly Rd.  
CITY-ST-ZIP Winter Park, FL 32792

TITLE ☐ Change ☐ Addition  
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:

Deborah A. Mettler  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
4/21/00  
Date  
(727) 856-1671  
Daytime Phone #

CR2E037 (9/99)