

2000 UNIFORM BUSINESS REPORT (UBR)

9/20/00-90005-002-\$236.25-\$236.25

DOCUMENT # N99000004813

1. Entity Name

GREYHOUND PETS OF AMERICA, INC./GREATER ORLANDO

FILED

00 OCT 12 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

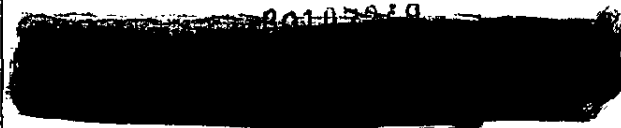
360 DOG TRACK RD.
LONGWOOD FL 32750

P.O. BOX 151021
ALTAMONTE SPRINGS FL 32715-1021

2. Principal Place of Business

1372 Bennett Dr

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Longwood, FL

City & State

4. FEI Number

95-4114011

Applied For

Not Applicable

Zip

Country

32750

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NOLET, LISA
329 E. CITRUS ST.
ALTAMONTE SPRINGS FL 32701

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 use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	D	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		Lisa Nolet	
STREET ADDRESS		329 E. Citrus St.	
CITY-ST-ZIP		Altamonte Springs, FL 32701	
TITLE		Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		Lew Green	
STREET ADDRESS		2034 Greenview Dr.	
CITY-ST-ZIP		Dalton, FL 32735	
TITLE	D	Executive Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		Laura Goodert	
STREET ADDRESS		389 Hoover Dr	
CITY-ST-ZIP		Dalton, FL 32738	
TITLE	D	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		Thomas Bank	
STREET ADDRESS		219 Mockingbird Ln	
CITY-ST-ZIP		Winter Springs, FL 32708	
TITLE		Recording Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		Joan Harris	
STREET ADDRESS		385 Raleigh Pl	
CITY-ST-ZIP		Oviedo, FL 32773	
TITLE		Public Relations Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		Stephen French	
STREET ADDRESS		2002 French Ave	
CITY-ST-ZIP		Sanford, FL 32773	

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:

THOMAS BANK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/00

Date

407-788-2263

Daytime Phone #

CR2037 (5/00)