

2000 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
May 11, 2000 8:00 am
Secretary of State

03-17-2000 90078 047 ****61.25

DOCUMENT # N99000004209

1. Entity Name

FLORIDA COCKER SPANIEL RESCUE, INC.

Principal Place of Business

Mailing Address

**LOVE ON PAWS
 4635 LAND O' LAKES BLVD.
 LAND O' LAKES FL 34639**

**LOVE ON PAWS
 4635 LAND O' LAKES BLVD.
 LAND O' LAKES FL 34639-3924**



DO NOT WRITE IN THIS SPACE

59-3581852

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

N99000004209

Not Applicable

Zip

Country

Zip

Country

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

**BARON, NANCY
 25910 BLUE JAY PLACE
 WESLEY CHAPEL FL 33544**

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 **D** **President** Delete
 NAME **Carol Cansler**
 STREET ADDRESS **27117 Hickory Hill Rd**
 CITY-ST-ZIP **Brooksville, FL 34602-8290**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** **Vice-President** Delete
 NAME **Nancy Baron**
 STREET ADDRESS **25910 Blue Jay Place**
 CITY-ST-ZIP **Wesley Chapel, FL 33544**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** **Secretary** Delete
 NAME **Dennis Baron**
 STREET ADDRESS **25910 Blue Jay Place**
 CITY-ST-ZIP **Wesley Chapel, FL 33544**

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
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 STREET ADDRESS
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TITLE Change Addition
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 CITY-ST-ZIP

TITLE Delete
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 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)(f), 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: **Nancy Baron**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-00 (813) 996-7969
 Date Daytime Phone #

CR2E037 (9/99)