

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90002 023 ****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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3581852

Applied For

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 Delete
 NAME **DP**
 STREET ADDRESS **CANSLER, CAROL**
 CITY-ST-ZIP **27117 HICKORY HILL RD**
BROOKSVILLE FL 34602-8290

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DVP**
 STREET ADDRESS **BARON, NANCY**
 CITY-ST-ZIP **25910 BLUE JAY PL**
WESLEY CHAPEL FL 33544

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TS**
 STREET ADDRESS **BARON, DENNIS**
 CITY-ST-ZIP **25910 BLUE JAX PL**
WESLEY CHAPEL FL 33544

TITLE Change Addition
 NAME **TS**
 STREET ADDRESS **BARON, NANCY**
 CITY-ST-ZIP **25910 Blue Jay Pl**
Wesley Chapel Fl 33544

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

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: *Carol Cancler* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-01 **(813)996-7969**
 Date Daytime Phone #

CR2E037 (10/00)