

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90114 014 ****61.25

DOCUMENT # N31718

1. Entity Name

SOUTH LAKE ANIMAL LEAGUE, INC.



Principal Place of Business

**C/O BETH A. MCCABE
P. O. BOX 121504
CLERMONT FL 34712-8504**

Mailing Address

**C/O BETH A. MCCABE
P. O. BOX 121504
CLERMONT FL 34712-8504**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2949848**

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

**BETH A. MCCABE
115 ALEXANDRIA AVE
MINNEOLA FL 34755**

Name **BETH MCCABE PRIESTLY** Mailing:
Street Address (P.O. Box Number is Not Acceptable) **8119 PINE ISLAND ROAD** **POB 651**
City **CLERMONT** **FL** Zip Code **34736**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Beth M Priestley Beth McCabe Priestley 2-23-2003
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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **PRIESTLY, BETH M**
STREET ADDRESS **8119 PINE ISLAND ROAD**
CITY-ST-ZIP **CLERMONT FL 34711**

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

TITLE **PD** ☐ Delete
NAME **MULLINS, KEITH**
STREET ADDRESS **640 DREW AVE**
CITY-ST-ZIP **CLERMONT FL 34711**

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

TITLE **D** ☐ Delete
NAME **SMITH, LORRAINE L**
STREET ADDRESS **16919 ELDERBERRY DRIVE**
CITY-ST-ZIP **MONTVERDE FL 34756**

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

TITLE **TD** ☐ Delete
NAME **BOWYER, BONNY**
STREET ADDRESS **15705 ARABIAN WAY**
CITY-ST-ZIP **MONTVERDE FL 34756**

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

TITLE **D** ☐ Delete
NAME **BIDDLE, ROSE**
STREET ADDRESS **658 WEST AVENUE**
CITY-ST-ZIP **CLERMONT FL**

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

TITLE **VPD** ☒ Delete
NAME **SCHMIDT, MARK**
STREET ADDRESS **490 E SOUTH ST**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE ☐ Change ☒ Addition
NAME **VPD**
STREET ADDRESS **SAMPSON, LAURA**
CITY-ST-ZIP **10333 Carlson Circle**
CLERMONT FL 34711

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: Bonny Bower BONNY BOWER TREAS 1/31/03 352-243-1238
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)