

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000006163

**Entity Name:** ANIMAL CROSSINGS OF FLORIDA, INC.

**Current Principal Place of Business:**

4392 S.W. 52ND TERRACE  
BUSHNELL, FL 33513

**Current Mailing Address:**

4392 S.W. 52ND TERRACE  
BUSHNELL, FL 33513

**FEI Number: 80-0810484**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HARBSMEIER, CURT L  
5120 SOUTH LAKE LAND DRIVE  
SUITE 3  
LAKE LAND, FL 33813 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title BM  
Name KESZEY, STEPHEN  
Address 4392 S.W. 52ND TERRACE  
City-State-Zip: BUSHNELL FL 33513

Title BM  
Name RIPPS, JON  
Address 222 ROUTE 59, SUITE 111  
City-State-Zip: SUFFERN NY 10901

Title BM  
Name KESZEY, ROBBIE  
Address 4392 S.W. 52ND TERRACE  
City-State-Zip: BUSHNELL FL 33513

Title BM  
Name SEGALL, ALAN  
Address 3730 NE 30 AVE  
City-State-Zip: LIGHTHOUSE POINT FL 33064

Title BM  
Name SEGALL, RONALD  
Address 1806 NORTH FLAMINGO ROAD SUITE  
435  
City-State-Zip: PEMBROKE PINES FL 33028

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ALAN SEGALL**

**BM**

**04/28/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date