

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735501

1. Entity Name

FLORIDA ANIMAL HEALTH FOUNDATION, INC.

Principal Place of Business

7265 129TH STREET
SEMINOLE FL 33776
US

Mailing Address

7265 129TH STREET
SEMINOLE FL 33776
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0934733

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

HANCOCK, C. GUY D

~~10035 83RD WAY, NORTH
LARGO FL 33777~~

Name

Street Address (P.O. Box Number is ~~not~~ Acceptable)

City

SEMINOLE

FL

Zip Code

33776

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 HANCOCK, C. GUY D
STREET ADDRESS 7265 129TH STREET
CITY-ST-ZIP SEMINOLE FL 33776

TITLE ☐ Change ☒ Addition
NAME D, S
STREET ADDRESS Schmaltz, Patricia
CITY-ST-ZIP 1401 N. Riverhills Dr.
Temple Terrace, FL 33617

TITLE ☐ Delete
NAME PD
STREET ADDRESS SCHMALTZ, LARRY G
CITY-ST-ZIP 1401 N RIVERHILLS DRIVE
TEMPLE TERRACE FL 33617

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS Register, Linda
CITY-ST-ZIP 3514 Pendleton Way
Land O Lakes, FL 34639

TITLE ☐ Delete
NAME DT
STREET ADDRESS THOMAS, J. LANE D
CITY-ST-ZIP 17200 SE 58TH AVENUE
SUMMERFIELD FL

TITLE ☐ Change ☐ Addition
NAME D
STREET ADDRESS Meyer, Carl
CITY-ST-ZIP 10155 S. Forestline Ave.
Inverness, FL 34452

TITLE ☐ Delete
NAME D
STREET ADDRESS STERN, ALAN
CITY-ST-ZIP 2133 BLACK OAK CT.
SARASOTA FL

TITLE ☐ Change ☐ Addition
NAME D
STREET ADDRESS Meyer, Deena
CITY-ST-ZIP 10155 S. Forestline Ave.
Inverness, FL 34452

TITLE ☒ Delete
NAME D
STREET ADDRESS BRIM, MICHAEL
CITY-ST-ZIP 918 MILLRD CT. W.
DAYTONA BEACH FL

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

TITLE ☒ Delete
NAME VPD
STREET ADDRESS MILLER, BRUCE
CITY-ST-ZIP 970 N BASS RD
KISSIMEE FL

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: *[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-01

Date

352-245-2615

Daytime Phone #

CR2E037 (10/00)

0064764



DO NOT WRITE IN THIS SPACE