

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90130 043 ****70.00

DOCUMENT # 744390

1. Entity Name

FRIENDS OF STRAYS, INC.

Principal Place of Business

Mailing Address

2911 47 AVE N
 ST PETERSBURG FL 33714
 US

2911 47 AVE N
 ST PETERSBURG FL 33714-3131
 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

59-2156540

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOMONTI, JEAN
127 MOUND WAY
ST PETERSBURG FL 33712

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 **DMP**
 STREET ADDRESS **RAYLEAN, DRUE E**
 CITY-ST-ZIP **ONE BEACH DR SE 2505 BOX 8**
ST PETERSBURG FL 33701

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DC**
 STREET ADDRESS **BOMONTI, JEAN**
 CITY-ST-ZIP **1927 MOUND WAY**
ST PETERSBURG FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **HAGAN, MARGARET**
 CITY-ST-ZIP **2352 W. VINYA DEL MAR**
ST. PETERSBURG FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **PASSE, BEVERLY**
 CITY-ST-ZIP **2923 LONGBROOK WAY**
CLEARWATER FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **GEORGES, RICK**
 CITY-ST-ZIP **3656 1ST AVE NORTH**
ST PETERSBURG FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **FISHER, DAWN E**
 CITY-ST-ZIP **7922 SAILBOAT KEY**
SOUTH PASADENA 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: *Drue E. Raylean, Executive Director*
DRUE E. RAYLEAN, EXECUTIVE DIRECTOR
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-2000 727-522-6566
 Date Daytime Phone #

CR2E037 (9/99)

744390
654158

Additional Directors:

~~D Abeles, Olga 2406 Cardova Greens
Seminole, FL~~ ~~DELETE~~ OLGA ABELES

D Rowan, Frank 2022 Gulf Blvd.
Indian Shores, FL.

D Fran Williams 104 Bay Point Dr. N.E.
St. Petersburg, FL.

ADD: DIRECTOR

LINDA SCHOONOVER

1920 ARROWHEAD DRIVE

ST PETERSBURG, FLORIDA

33703