

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746828

1. Entity Name

ANIMAL WELFARE SOCIETY, INC.

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90058 005 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P.O. BOX 3972  
OCALA FL 34478  
US

P.O. BOX 3972  
OCALA FL 34478-3972  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1960128

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

HAMSHIRE, MARCELLE  
520 SW 23RD PLACE  
OCALA FL 34474

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 PD ☐ Delete  
NAME HAMSHIRE, MARCELLE  
STREET ADDRESS 520 SW 23RD PLACE  
CITY-ST-ZIP Ocala FL

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

TITLE VD ☐ Delete  
NAME DIXON, VONA  
STREET ADDRESS RT.1 BOX 4 K  
CITY-ST-ZIP LAKE PANASOFFKEE FL

TITLE ☒ Change ☐ Addition  
NAME 895 CR 463  
STREET ADDRESS LAKE PANASOFFKEE, FL  
CITY-ST-ZIP 33538

TITLE SD ☐ Delete  
NAME LEONARDI, JOSEPH  
STREET ADDRESS 3748 N.E. 8TH PL. #141  
CITY-ST-ZIP Ocala FL

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

TITLE TD ☐ Delete  
NAME CONNOLLY, JOAN M.  
STREET ADDRESS 3031 SE 5TH TERR, APT II  
CITY-ST-ZIP Ocala FL 34471

TITLE ☒ Change ☐ Addition  
NAME 3031 SE 5th Terr, Apt D  
STREET ADDRESS Ocala, FL  
CITY-ST-ZIP 34471

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:

*Signature Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-00

352-629-5895

Date

Daytime Phone #

CR2E037 (9/99)