

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763288

1. Entity Name

DAYTONA BEACH CAT FANCIERS, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90015 010 ****61.25

Principal Place of Business Mailing Address
929 PARKWOOD DR. 929 PARKWOOD DR.
ORMOND BCH. FL 32174 ORMOND BCH. FL 32174-3905
US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2872304 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

ANDERSON, GEORGE E
929 PARKWOOD DR.
ORMOND BCH. FL 32174

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 _____ (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	TD	<input type="checkbox"/> Delete
NAME	INGOGLIA, M	
STREET ADDRESS	5155 BULLIS RD	
CITY-ST-ZIP	ST CLOUD FL 32772	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ANDERSON, PAMELA C	
STREET ADDRESS	929 PARKWOOD DRIVE	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SCOTT, TANI	
STREET ADDRESS	25 AUAMWOOD TRAIL	
CITY-ST-ZIP	ORMOND BCH FL 32174	
TITLE	D	<input type="checkbox"/> Delete
NAME	ESSICK, JEAN	
STREET ADDRESS	2604 STERN DRIVE EAST	
CITY-ST-ZIP	ATLANTIC BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, G E	
STREET ADDRESS	929 PARKWOOD DR	
CITY-ST-ZIP	ORMOND BCH FL 32174	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ESSICK, B	
STREET ADDRESS	2604 STERN DRIVE E	
CITY-ST-ZIP	ATLANTIC BCH FL 32233	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 of George E. Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00

Date

407 892 5915
Daytime Phone #

CR2E037 (9/99)