

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**

03-02-2001 90033 047 \*\*\*\*61.25

**DOCUMENT # 763288**

1. Entity Name

**DAYTONA BEACH CAT FANCIERS, INC.**

Principal Place of Business

929 PARKWOOD DR.  
 ORMOND BCH. FL 32174  
 US

Mailing Address

929 PARKWOOD DR.  
 ORMOND BCH. FL 32174  
 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

**59-2872304**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **MARY G INGOGLIA**  
 Street Address (P.O. Box Number is Not Acceptable) **5155 Bullis Rd**  
 City **ST CLOUD** FL Zip Code **34772**

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

TITLE	TD	<input type="checkbox"/> Delete
NAME	INGOGLIA, MARY	
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 checked="" 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, BRUCE	
STREET ADDRESS	2604 STERN DRIVE E	
CITY-ST-ZIP	ATLANTIC BCH FL 32233	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	(D) JEAN NIENHUIS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	387 PLAZA	
STREET ADDRESS	ATLANTIC BEACH FL	
CITY-ST-ZIP	32233	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)