

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90020 005 \*\*\*\*61.25

**DOCUMENT # F94000001923**

1. Entity Name

**THE AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIM**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

424 EAST 92ND STREET  
 NEW YORK NY 10128

424 EAST 92ND STREET  
 NEW YORK NY 10128-6804

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-1623829

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

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324

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 **P**  Delete  
 NAME **HAWK, LARRY M**  
 STREET ADDRESS **424 EAST 92ND STREET**  
 CITY-ST-ZIP **NEW YORK NY 10128**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VCFO**  Delete  
 NAME **EUDENE, STEPHEN**  
 STREET ADDRESS **424 EAST 92ND STREET**  
 CITY-ST-ZIP **NEW YORK NY**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **V**  Delete  
 NAME **MUSSO, STEPHEN J**  
 STREET ADDRESS **424 EAST 92ND STREET**  
 CITY-ST-ZIP **NEW YORK NY 10128**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DC**  Delete  
 NAME **ELKMAN, STEVE M**  
 STREET ADDRESS **424 E 92ND ST**  
 CITY-ST-ZIP **NEW YORK NY**

TITLE  Change  Addition  
 NAME **ELKMAN, STEVEN M.** Correction  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DS**  Delete  
 NAME **CARHART, WENDY H**  
 STREET ADDRESS **424 EAST 92ND STREET**  
 CITY-ST-ZIP **NEW YORK NY 10128**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DT**  Delete  
 NAME **GERRARD, JAMES**  
 STREET ADDRESS **424 E 92ND ST**  
 CITY-ST-ZIP **NEW YORK NY**

TITLE  Change  Addition  
 NAME **GERARD, JAMES** Correction  
 STREET ADDRESS **(Single R)**  
 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]*

5/1/2000  
 Date

212 876-7700  
 Daytime Phone #

CR2E037 (9/99)