2001 UNIFORM BUSINESS REPORT (UBR)

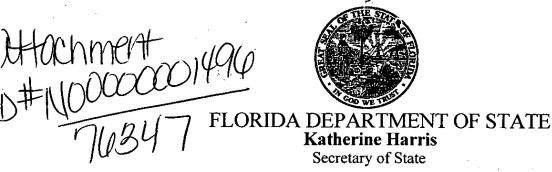
SIGNATURE:

SIGNATURE AND PYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # N0000001496 05-05-2001 90832 023 ****61.25 FRIENDS OF BARK PARK AT SNYDER PARK, INC. Principal Place of Business Mailing Address 1957 CORAL GARDENS DRIVE 1957 CORAL GARDENS DRIVE FT. LAUDERDALE FL 33306 FT. LAUDERDALE FL 33306 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-129 1458 Applied For 125-0771015 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SHAFFER, MARCI 1601 NE 27 DRIVE FT. LAUDERDALE FL 33334 City 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 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Persident ☐ Change ☐ Addition ☐ Delete TITLE JA ESION NAME NAME 1430 & Oakland Park Blvd STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P F+ Lau d F1 33334 Marci Shaffer TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME GOINE 37 Drive STREET ADDRESS STREET ADDRESS 7 Lauci F1 53334 CITY+ST-7IP CITY-ST-ZIP Scce tony Treasurer 1.D EAIL Stein TITLE TITLE Delete Change Addition NAME NAME 7-CORAL-GARDEN-DR STREET ADDRESS 195 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Defete TETT E ☐ Change ☐ Addition NAME NAME . STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TILLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS 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 it made under oath; that I am an officer or director of the corporation or the receiver or trustee employered 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 only like empowered. ****4/0/

5/5,

FILED Jul 13, 2001 8:00 am Secretary of State



May 15, 2001

FRIENDS OF BARK PARK AT SNYDER PARK, INC. 1957 CORAL GARDENS DRIVE FT. LAUDERDALE, FL 33306

Subject: FRIENDS OF BARK PARK AT SNYDER PARK, INC.

Reference N0000001496
Number:

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report has not been filed and a copy is being returned for the following correction(s):

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

2nd Copy

/FV ANNUAL REPORTS SECTION

2001 UNIFORM BUSINESS REPORT (UBR) 2000001496 76347 DOCUMENT # N0000001496 FRIENDS OF BARK PARK AT SNYDER PARK, INC. Principal Place of Business Mailing Address 1957 CORAL GARDENS DRIVE 1957 CORAL GARDENS DRIVE FT. LAUDERDALE FL 33306 FT. LAUDERDALE FL 33306 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) SHAFFER, MARCI 1601 NE 27 DRIVE FT. LAUDERDALE FL 33334 City Zip Code FL 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 Make Check Payable to **\$5.00** May Be Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP T)71 F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-2IP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Date

Daytime Ptione #

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR