

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 24, 2001 08:00 AM****Secretary of State****DOCUMENT # N00000001824**1. Entity Name
HEARTS OF ENCOURAGEMENT RESCUE RANCH, INC.

Principal Place of Business P.O. BOX 28154 JACKSONVILLE FL 322268154	Mailing Address P.O. BOX 28154 JACKSONVILLE FL 322268154
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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ 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

SCHWECKENDIECK ANN
1029 EASY STREETJACKSONVILLE FL
32218 US

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 _____ 05/24/2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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	D	<input type="checkbox"/> Delete
NAME	SCHWECKENDIECK ANN	
STREET ADDRESS	1029 EASY STREET	
CITY-ST-ZIP	JACKSONVILLE FL 322184837	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITE NADINE R	
STREET ADDRESS	P.O. BOX 11723	
CITY-ST-ZIP	JACKSONVILLE FL 322268154	
TITLE	D	<input type="checkbox"/> Delete
NAME	DICKINS DEBI A	
STREET ADDRESS	P.O. BOX 28154	
CITY-ST-ZIP	JACKSONVILLE FL 322268154	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	
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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)(f), 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: Debi A. Dickins D 05/24/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Filing Fee #

CR2E037 (11/00)