

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

1: Entity Name
Bouvier & Friends of Florida
ALL Breed Rescue NO0 000002975

DO NOT WRITE IN THIS SPACE

FILED
02 SEP -5 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Foster homes
Suite, Apt. #, etc.
16356 E Pimlico Dr
City & State
Loxahatchee
Zip
FL 33470
Country
USA

3. Mailing Address
10356 East Pimlico Dr
Suite, Apt. #, etc.
Loxahatchee
City & State
FL 33470
Zip
FL 33470
Country
USA

4. FEI Number
65-100-4829
Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Meier Margret
Street Address (P.O. Box Number is Not Acceptable)
16356 E Pimlico Dr
City
Loxahatchee
FL
Zip Code
33470

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 W. Meier

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/22/02

FEE IS \$61.25
Initial or Amended UBR

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
NAME
STREET ADDRESS
CITY-ST-ZIP
President
MARGRET MEIER
16356 East Pimlico Dr
Loxahatchee FL 33470

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300007899713--4
-09/20/02--01065--012
*****125.00 *****125.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
LORI FAUSETT
4180 127TH TRAIL N.
WEST PALM BEACH, FL 33411

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300007899713--4
-09/20/02--01065--013
*****6.25 *****6.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Board
V. Segna
13320 NE 2-Avenue
Ft. Lauderdale 33304

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DO NOT WRITE
IN THIS SPACE**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: W. Meier

7/20/02 561-7924316

CR2E037B (12/01)