

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004398

1. Entity Name

HAPPY TAILS ANIMAL RESCUE, INC.

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90052 003 ****61.25

Principal Place of Business

Mailing Address

~~LEE E. WRIGHT~~
~~7838 COCOA AVENUE~~
~~JACKSONVILLE FL 32211~~

~~LEE E. WRIGHT~~
~~7838 COCOA AVENUE~~
~~JACKSONVILLE FL 32211~~

2. Principal Place of Business

3. Mailing Address

SATELLITE ADOPTION
 Suite, Apt. #, etc.
PLACES - STAGE FRONTS
ETC

1034 SHIPWATCH DR.
 Suite, Apt. #, etc.

City & State

City & State

JACKSONVILLE FL

JACKSONVILLE

Zip

Country

Zip

Country

9

32225

US

6. Name and Address of Current Registered Agent

4. FEI Number

Applied For

59-3666312

☒ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

PHYLLIS L. BEECROFT
1034 SHIPWATCH DR. E

City

JACKSONVILLE FL

Zip Code

32225

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/28/01

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

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 ☒ Delete
 NAME WRIGHT, LEE E
 STREET ADDRESS 7838 COCOA AVENUE
 CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE PRES. GAIL BONDI ☒ Change ☐ Addition
 NAME 11374 Weeden Island Way (904)
 STREET ADDRESS Jacksonville, FL 32225
 CITY-ST-ZIP 642-1760

TITLE D ☒ Delete
 NAME WRIGHT, CHARLES K
 STREET ADDRESS 7838 COCOA AVENUE
 CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE D. Vice Pres. ☒ Change ☐ Addition
 NAME DEBRA HLOTH
 STREET ADDRESS 2541 PAUL AVE.
 CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE D ☒ Delete
 NAME AITKEN, YVONNE S
 STREET ADDRESS 3809 SOUTHSIDE BLVD.
 CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE D PHYLLIS L. BEECROFT ☒ Change ☐ Addition
 NAME 1034 SHIPWATCH DR E
 STREET ADDRESS JACKSONVILLE FL 32225
 CITY-ST-ZIP 904-220-9086

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D BETTY JO WARE ☒ Change ☐ Addition
 NAME 77 WAKEFIELD
 STREET ADDRESS Newnan, GA 30065
 CITY-ST-ZIP 9364

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 an other like empowered.

SIGNATURE GAIL A. BONDI
 Signature, typed or printed name of registered agent and title if applicable.

8/28/01

CR2E037 (5/01)