

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004398

1. Entity Name

HAPPY TAILS ANIMAL RESCUE, INC.

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90130 021 \*\*\*\*61.25

Principal Place of Business

1034 SHIAWATCH DR  
 JACKSONVILLE FL 32225

Mailing Address

1034 SHIAWATCH DR  
 JACKSONVILLE FL 32225



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

SATELLITE ADoptions  
 places, SPOTLIGHTS  
 PARKS, etc etc  
 City & State  
 JACKSONVILLE FL

3. Mailing Address

10343 SHIPWATCH DR  
 Suite, Apt. #, etc.  
 N/A  
 City & State  
 JACKSONVILLE FL

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number

59-3666312

Applied For

Not Applicable

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

BEECROFT, PHYLLIS L  
 1034 SHIPWATCH DR E  
 JACKSONVILLE FL 32225

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 BOND, GAIL  
 11374 WEEDEN ISLAND WAY  
 JACKSONVILLE FL 32225

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 VPD  
 KLOTH, DEBRA  
 2541 PAULA AVE  
 JACKSONVILLE FL 32207

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 BEECROFT, PHYLLIS L  
 1034 SHIPWATCH DR E  
 JACKSONVILLE FL 32207

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 WARE, BETTY J  
 77 WAKEFIELD  
 NEWNAN GA 30265

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

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:

PHYLLIS L. BEECROFT, TRER.  
 4/24-02 904-280927

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)