

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90191 036 \*\*\*\*61.25

0100703

**DOCUMENT # N00000004398**

1. Entity Name

**HAPPY TAILS ANIMAL RESCUE, INC.**



Principal Place of Business

1034 SHIPWATCH DR  
SATELLITE ADOPTIONS  
JACKSONVILLE FL 32225

Mailing Address

1034 SHIPWATCH DR  
JACKSONVILLE FL 32225

**SHIPWATCH**

2. Principal Place of Business

*Satellite*  
**Steele Fronts 2 Adoption**

3. Mailing Address

**1034 SHIPWATCH DR E**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*N/A*

*N/A*

City & State

**JACKSONVILLE FL**

City & State

**JACKSONVILLE FL**

Zip

**32225**

Country

**USA**

Zip

**32225**

Country

**USA**



☒ CHECK HERE IF MAKING CHANGES

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

**BEECROFT, PHYLLIS L**  
**1034 SHIPWATCH DR E**  
**JACKSONVILLE FL 32225**

7. Name and Address of New Registered Agent

Name

*N/A*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Phyllis L Beecroft* **PHYLLIS L. BEECROFT**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BONDI, GAIL</b>	
STREET ADDRESS	<b>11374 WEEDEN ISLAND WAY</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32225</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>KLOTH, DEBRA</b>	
STREET ADDRESS	<b>2541 PAULA AVE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BEECROFT, PHYLLIS L</b>	
STREET ADDRESS	<b>1034 SHIPWATCH DR E</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WARE, BETTY J</b>	
STREET ADDRESS	<b>77 WAKEFIELD</b>	
CITY-ST-ZIP	<b>NEWNAN GA 30265</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LINDA WALKER</b>	
STREET ADDRESS	<b>1376 HALICRNE AVE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32211</b>	
TITLE	<b>GAIL BONDI VPD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>11374 WEEDEN ISLAND WAY</b>	
STREET ADDRESS	<b>JACKSONVILLE, FL 32225</b>	
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LYNNE HIGHFILL</b>	
STREET ADDRESS	<b>2751 CANYON FALLS DR</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32224</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SANDRA GRESS</b>	
STREET ADDRESS	<b>4654 BANDHEAD AVE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32207</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ELAINE ANDERSON</b>	
STREET ADDRESS	<b>11344 WOODSONG LOOP N</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32225</b>	
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)(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* **PHYLLIS L. BEECROFT** *April 16, 03* **904-220-9086** **904-708-0827**

CR2E037 (10/02)