2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED Jul 24, 2001 8:00 am DOCUMENT # N0000004937 **Secretary of State** 07-24-2001 90026 023 \*\*\*236.25 ALL CREATURES SANCTUARY, INC. Principal Place of Business Mailing Address 13580 DEER CREEK DR. 13580 DEER CREEK DR. 00059379 PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable ,Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LUFKIN, JUSTINE 13580 DEER CREEK DR. PALM BEACH GARDENS FL 33418 Zip Code City 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State After September 12, 2001, min. will be \$236.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Delete ☐ Addition TITLE TITLE LUFKIN, JUSTINE NAME NAME STREET ADDRESS 13580 DEER CREEK DRIVE STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33418 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITI F TITLE ANGELI, VALERIE NAME 236 EAST 36TH STREET, APT.4 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10016** CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete DARVILLE, ROSEMARY NAME NAME 839 CROTON DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ROYAL PALM BEACH FL 33411 CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.