

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2001 8:00 am**  
**Secretary of State**

02-19-2001 90021 015 \*\*\*\*70.00

**DOCUMENT # N00000007909**

1. Entity Name

**ANIMAL SERVICES LEAGUE, INC.**

Principal Place of Business

**4993 COUNTY ROAD 683  
 WEBSTER FL 33597**

Mailing Address

**4993 COUNTY ROAD 683  
 WEBSTER FL 33597**

2. Principal Place of Business

**735 E.C. 470**

3. Mailing Address

**P.O. Box 93**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**LK. PANASOFFKEE, FL**

City & State

**BUSHNELL, FL**

4. FEI Number

**APPLIED FOR**

Applied For  
 Not Applicable

Zip

**33538**

Country

**SUMTER**

Zip

**33513**

Country

**SUMTER**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MURPHY, DAVID J  
 14217 THIRD STREET  
 DADE CITY FL 33525**

7. Name and Address of New Registered Agent

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FOLEY-CREECH, JOCELYN W</b>	
STREET ADDRESS	<b>4993 COUNTY ROAD 683</b>	
CITY-ST-ZIP	<b>WEBSTER FL 33597</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FOLEY, ALLEN</b>	
STREET ADDRESS	<b>1516 VALENCIA ROAD</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 34656</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ERLER, MYRNA</b>	
STREET ADDRESS	<b>5124 C.R. 326</b>	
CITY-ST-ZIP	<b>BUSHNELL FL 33513</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KATZEN, TANYA</b>	
STREET ADDRESS	<b>11465 SW 49TH PL</b>	
CITY-ST-ZIP	<b>WEBSTER FL 33597</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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:** SIGNATURE REQUIRED **Jocelyn Creech, DIRECTOR 2/15/01 (352) 568-2615**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

00011200

CR2E037 (10/00)