

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00900

1. Entity Name

FRIENDS OF PETS, INC.

FILED
Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90023 044 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 451
EDGEWATER FL 32132

P.O. BOX 451
EDGEWATER FL 32132-0451



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2438282

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROCHE, VIRGINIA H.
1422 S RIVERSIDE DR
NEW SMYRNA BEACH FL 32168

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 PD ☐ Delete
NAME WAEGER, AUDREY
STREET ADDRESS 4609 KABY DRIVE
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

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

TITLE VP ☐ Delete
NAME ROCHE, VIRGINIA H
STREET ADDRESS 1422 S RIVERSIDE DRIVE
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

TITLE VP-2nd ☐ Change ☒ Addition
NAME Gayle L. Virgin
STREET ADDRESS 2103 Sabel Palm Dr
CITY-ST-ZIP Edgewater, FL 32141

TITLE SD ☒ Delete
NAME MOODY, PAT
STREET ADDRESS 337 SCHOONER AVE
CITY-ST-ZIP EDGEWATER FL 32141

TITLE Secretary ☒ Change ☐ Addition
NAME Barbara Waterbury
STREET ADDRESS 2103 Sabel Palm Dr
CITY-ST-ZIP Edgewater, FL 32141

TITLE TD ☐ Delete
NAME CORNELIUS, PATRICIA L
STREET ADDRESS 4580 LAKE JAMES CIR
CITY-ST-ZIP EDGEWATER FL 32141

TITLE Asst. Treasurer ☐ Change ☒ Addition
NAME Frances Ray
STREET ADDRESS 49 Fore Dr.
CITY-ST-ZIP New Smyrna Beach, FL 3218

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 all other like empowered.

SIGNATURE: *Patricia L. Cornelius* Patricia L. Cornelius 1/2000 (904) 345-3912

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)