

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 06, 2002 8:00 am**  
**Secretary of State**

02-06-2002 90073 018 \*\*\*\*61.25

**DOCUMENT # N00900**

1. Entity Name

**FRIENDS OF PETS, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 451  
EDGEWATER FL 32132

P.O. BOX 451  
EDGEWATER FL 32132

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2438282**

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

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PD**  
**WAEGER, AUDREY**  
**4609 KABY DRIVE**  
**NEW SMYRNA BEACH FL 32168**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PRESIDENT**  
**PAT MOODY**  
**337 SCHOONER**  
**EDGEWATER, FL 32141**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VP**  
**ROCHE, VIRGINIA H**  
**1422 S RIVERSIDE DRIVE**  
**NEW SMYRNA BEACH FL 32168**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**V.P.**  
**VIRGINIA ROCHE**

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**S**  
**WATERBURY, BARBARA**  
**2103 SABEL PALM DR.**  
**EDGEWATER FL 32141**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**2ND VP**  
**ROSEMARY STIRLING**  
**415 SCHOONER**  
**EDGEWATER, FL 32141**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**TD**  
**CORNELIUS, PATRICIA L**  
**4580 LAKE JAMES CIR**  
**EDGEWATER FL 32141**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**SECRETARY**  
**BARBARA DION**  
**POB 933**  
**NEW SMYRNA BEACH, FL 32170**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**2VP**  
**VIRGIN, GAYLE L**  
**2103 SABAL PALM DR**  
**EDGEWATER FL 32141**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**TREASURER**  
**CAROLE LUTZ**  
**2008 LIME TREE DR**  
**EDGEWATER FL 32141**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**AT**  
**RAY, FRANCES**  
**49 FORE DR**  
**NEW SMYRNA BCH FL**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PET COORDINATOR**  
**PAT HUFF**  
**88 CUNNINGHAM DR**  
**NEW SMYRNA BCH FL 32141**

☒ 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:

*Carol Lutz*  
**SIGNATURE REQUIRED Treasurer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)