

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

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90102 026 ****61.25

DOCUMENT # N00900

1. Entity Name
FRIENDS OF PETS, INC.



Principal Place of Business
**P.O. BOX 451
EDGEWATER FL 32132**

Mailing Address
**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
Karen MacDonald
Street Address (P.O. Box Number is Not Acceptable)
608 Portside Lane
City
Edgewater FL Zip Code
32141

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 **Karen MacDonald, Karen MacDonald, Treasurer** **1-11-03**
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOODY, PAT 337 SCHOONER EDGEWATER FL 32141 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROCHE, VIRGINIA H 1422 S RIVERSIDE DRIVE NEW-SMYRNA BEACH FL 32168 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DION, BARBARA P.O. BOX 933 NEW SMYRNA BEACH FL 32170 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LUTZ, CAROLE 2008 LIME TREE DR EDGEWATER FL 32141 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP STIRLING, ROSEMARY 415 SCHOONER EDGEWATER FL 32141 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC HUFF, PAT 88 CUNNINGHAM DR NEW SMYRNA BEACH FL 32141 <input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Recording Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 361 Patricia Drive New Smyrna Beach, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Karen MacDonald 608 Portside Lane Edgewater, FL 32141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Rusty Gersper 364 Gleneagles Drive New Smyrna Beach, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pet Co-ordinator <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition New Smyrna Beach, FL 32168

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: **Karen MacDonald, Karen MacDonald, Treasurer** **(1-11-03)** **386-423-1715**

CR2E037 (10/02)

Attachment
#N00900

FRIENDS OF PETS OFFICERS
2003

80027775

PRESIDENT

Patty Moody
337 Schooner Avenue
Edgewater, FL 32141

FIRST VICE PRESIDENT

Virginia H. Roche
1422 S. Riverside Drive
New Smyrna Beach, FL 32168

SECOND VICE PRESIDENT

Rusty Gersper
364 Gleneagles Drive
New Smyrna Beach, FL 32168

RECORDING SECRETARY

Barbara Dion
361 Patricia Drive
New Smyrna Beach, FL 32168

(mailing address)
P. O. Box 933
New Smyrna Beach, FL 32170

CORRESPONDING SECRETARY

Suzi Woody
205 Schooner Avenue
Edgewater, FL 32141

TREASURER

Karen MacDonald
608 Portside Lane
Edgewater, FL 32141

PET COORDINATOR

Pat Huff
88 Cunningham Drive
New Smyrna Beach, FL 32168