

# 2002 UNIFORM BUSINESS REPORT (UBR)

0052218

**DOCUMENT # N01000007793**

1. Entity Name  
**ROXANNE'S RABBIT RESCUE, INC.**

**FILED**

02 OCT -7 AM 8:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address  
4515 EMERALD RIDGE PLACE      4515 EMERALD RIDGE PLACE  
SARASOTA FL 34233              SARASOTA FL 34233

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.                  Suite, Apt. #, etc.  
City & State                          City & State



DO NOT WRITE IN THIS SPACE

Zip      Country      Zip      Country

4. FEI Number **02-0643646**      Applied For  
Not Applicable  
5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**  
  
**JONES, ROXANNE**  
**4515 EMERALD RIDGE PLACE**  
**SARASOTA FL 34233**

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>JONES, ROXANNE</b> <b>4515 EMERALD RIDGE PLACE</b> <b>SARASOTA FL 34233</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>WARLOW, CANDI</b> <b>5463 CHANTECLAIRE DR.</b> <b>SARASOTA FL 34233</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>HANAUER, CAROL</b> <b>4584 MOHICAN TRAIL</b> <b>SARASOTA FL 34233</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>700008315557-5</b> <b>-10/10/02-01089-023</b> <b>*****61.25 *****61.25</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/23/02**  
Date

Daytime Phone #

CR2E037 (9/01)