

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

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90120 025 \*\*\*\*61.25

**DOCUMENT # N01000008266**

1. Entity Name  
**NO MORE HOMELESS PETS, INC.**



Principal Place of Business

**3400 NE 53RD AVE  
GAINESVILLE FL 32609**

Mailing Address

**3400 NE 53RD AVE  
GAINESVILLE FL 32609**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

**P.O. Box 358466**

City & State

Zip

Country

City & State

Zip

Country

**Gainesville, FL**

**32635-8466**

**USA**

4. FEI Number **02-0536968**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CALIGIURI, RANDY  
3400 NE 53RD AVE  
GAINESVILLE FL 32609**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD RICHMOND, SANDI 2029 NW 6TH ST GAINESVILLE FL 32609-3527</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD LEVY, JULIE P O BOX 100126 GAINESVILLE FL 32610</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD PEGELOW, MIKE 2660 SW 38TH PLACE, APT D GAINESVILLE FL 32608-7065</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD CALIGIURI, RANDY 3400 NE 53RD AVE GAINESVILLE FL 32609</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SHORES, STEPHEN 3811 NW 12TH ST GAINESVILLE FL 32609</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D TRENHOLM, LAURIE PO BOX 1743 MELROSE FL 32666</b>	<input checked="" type="checkbox"/> Delete

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
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

**SEE**

**ATTACHED**

**SHEET**

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: **Michael J Pegelow** 4/13/2003 (352)262-1037

CR2E037 (10/02)

Attachment

Addition or change to directors in #10

Title: P-D

Name: Michael Pegelow

Street Address: 2660 SW 38<sup>th</sup> Place Apt. D

City-ST-ZIP: Gainesville, FL 32608

10074676  
N01000008266

change

Title: V-D

Name: Stephen Shores, DVM

Street Address: 3811 NW 13<sup>th</sup> Street

City-ST-ZIP: Gainesville, FL 32609

change

Title: S-D

Name: Laurie Trenholm, PhD

Street Address: PO Box 1743

City-ST-ZIP: Melrose, FL 32666

change

Title: T-D

Name: Sharon Nataline

Street Address: 24104 NW 94<sup>th</sup> Ave.

City-ST-ZIP: Alachua, FL 32615

addition

Title: D

Name: Randy Caligiuri, DVM

Street Address: 3400 NE 53<sup>rd</sup> Avenue

City-ST-ZIP: Gainesville, FL 32609

change

Title: D

Name: Julie Levy, DVM

Street Address: PO Box 100126

City-ST-ZIP: Gainesville, FL 32610-0126

change

Title: D

Name: Michelle Dunlap

Street Address: 2029 NW 6<sup>th</sup> Street

City-ST-ZIP: Gainesville, FL 32609-3527

addition

Title: D

Name: Sheri Holloway

Street Address: 2015 SW 16<sup>th</sup> Ave

City-ST-ZIP: Gainesville, FL 32610

addition

Title: D

Name: Audrey Holt

Street Address: 430 SE 73<sup>rd</sup> Street

City-ST-ZIP: Gainesville, FL 32641

addition

Title: D

Name: Melissa Glikes

Street Address: 210 NW 79<sup>th</sup> Drive

City-ST-ZIP: Gainesville, FL 32607

addition