

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

04-23-2002 90320 041 *****61.25
N02000002176

DOCUMENT # **N02 000002176**

1. Entity Name

Escarosa Greyhound Adoptions, Inc.

DO NOT WRITE IN THIS SPACE

02 MAY 13 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

9200 MAGNOLIA SPRINGS RD

3. Mailing Address

2875 W MICHIGAN AVE #8217

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PENSACOLA FL 32526

City & State

PENSACOLA FL

4. FEI Number

31-1781832

Applied For

Not Applicable

Zip

32526

Country

ESCAMBIA

Zip

32526

Country

ESCAMBIA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MICHAEL MASSARO

Street Address (P.O. Box Number is Not Acceptable)

9200 MAGNOLIA SPRINGS RD

City

PENSACOLA

FL

Zip Code

32526

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IN THIS SPACE**

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

FEE IS \$61.25

Initial or Amended UBR

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

**D
MICHAEL MASSARO
9200 MAGNOLIA SPRINGS RD
PENSACOLA FL 32526**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
CLINTON J CHEN
8065 N NINTH AVE
PENSACOLA FL 32526**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
THOMAS MASSARO
115 A YOAKUM CT
PENSACOLA FL 32505**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Michael Massaro P.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/02
Date

850-944-2033
Daytime Phone #

CR2E037B (12/01)