

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

FILED
Mar 04, 2003 8:00 am
Secretary of State

02-18-2003 90093 007 ****61.25

DOCUMENT # N02000004972

1. Entity Name

SUWANNEE COUNTY ANIMAL CONTROL GOVERNING BOARD, INC.



Principal Place of Business

Mailing Address

3394 228TH TERRACE
LAKE CITY FL 32024

3394 228TH TERRACE
LAKE CITY FL 32024

2. Principal Place of Business

3. Mailing Address

11150 144TH Street

11150 144TH Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MCALPIN FL

City & State

MCALPIN FL

Zip

32062

Country

SUWANNEE

Zip

32062

Country

4. FEI Number

43-1976610

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOCKER, ROBERT E
3394 228TH TERRACE
LAKE CITY FL 32024

7. Name and Address of New Registered Agent

Name EMMALINE MANGLES-EMELYN MANGLES
Street Address (P.O. Box Number Is Not Acceptable)
11150 144TH Street
City MCALPIN FL Zip Code 32062

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

TITLE	D	LOCKER, ROBERT E	<input checked="" type="checkbox"/> Delete
NAME		3394 228TH TERRACE	
STREET ADDRESS		LAKE CITY FL 32024	
CITY-ST-ZIP			
TITLE	D	BROWN, JOSEPH A	<input type="checkbox"/> Delete
NAME		17709 10TH TERRACE	
STREET ADDRESS		LIVE OAK FL 32060	
CITY-ST-ZIP			
TITLE	D	HUNTER, JANIS G	<input type="checkbox"/> Delete
NAME		25695 83RD ROAD	
STREET ADDRESS		BRANFORD FL 32008	
CITY-ST-ZIP			
TITLE	D	MANGLES, EMMALINE	<input type="checkbox"/> Delete
NAME		28090 79TH ROAD	
STREET ADDRESS		BRANFORD FL 32008	
CITY-ST-ZIP			
TITLE	D	HATCH, WALTER R	<input type="checkbox"/> Delete
NAME		28850 STATE ROAD 247	
STREET ADDRESS		BRANFORD FL 32008	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		Rebecca BALDree	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		Po Box 6002	
STREET ADDRESS		LIVE OAK FL 32064	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)