

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

DOCUMENT # NO2000007750

1. Entity Name

**ALLIANCE OF RESPONSIBLE PET OWNERS OF NORTHEAST
FLORIDA, INC.**



Principal Place of Business

**5204 BEIGE STREET
JACKSONVILLE FL 32258**

Mailing Address

**PO BOX 23651
JACKSONVILLE FL 32241-3651**

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

33-1026195

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

**DUFFEY, DARLA M
5204 BEIGE STREET
JACKSONVILLE FL 32258**

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
After September 10, 2003, min will be \$236.25**

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 **DP** ☐ Delete
NAME **DUFFEY, ERNEST N**
STREET ADDRESS **5204 BEIGE STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32258**

TITLE **DT** ☒ Change ☐ Addition
NAME **MARKS, VICTORIA**
STREET ADDRESS **2930 HODGES BLVD**
CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE **DV** ☐ Delete
NAME **DUFFEY, DARLA M**
STREET ADDRESS **5204 BEIGE STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32258**

TITLE **D** ☐ Change ☒ Addition
NAME **EMERY, ACB**
STREET ADDRESS **P.O. BOX 1992**
CITY-ST-ZIP **MIDDLEBURG, FL 32050**

TITLE **DS** ☐ Delete
NAME **DOTY, RHONDA**
STREET ADDRESS **13985 SOUND OVERLOOK DR N**
CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE **D** ☐ Change ☒ Addition
NAME **POLLARD, LISA**
STREET ADDRESS **1111 ST. JOHNS BLUFF RD.**
CITY-ST-ZIP **JACKSONVILLE, FL 32225**

TITLE **DT** ☒ Delete
NAME **MARKS, VICTORIA**
STREET ADDRESS **4303 FOREST PARK RD**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **D** ☐ Change ☒ Addition
NAME **MCKINNEY, AURORA**
STREET ADDRESS **2928 THUNDER RD.**
CITY-ST-ZIP **MIDDLEBURG, FL 32068**

TITLE **D** ☐ Delete
NAME **SHUMACHER, SHARRON**
STREET ADDRESS **545 MULBERRY DR HIBERNIA RT**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE **D** ☐ Change ☐ Addition
NAME **ANDERER, M.M.**
STREET ADDRESS **11098 JOEL STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE **D** ☒ Delete
NAME **ANDERER, M.M.**
STREET ADDRESS **11098 JOEL STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE **D** ☐ Change ☐ Addition
NAME **ANDERER, M.M.**
STREET ADDRESS **11098 JOEL STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32218**

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:

ERNEST N. DUFFEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

08-12-2003 90018 038 ****61.25

NO2000007750

03 AUG 15 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

CRE037 (4/03)