

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

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90219 009 ****61.25

DOCUMENT # N02000007793

1. Entity Name

**SAVE THE ANIMALS RESCUE SOCIETY (S.T.A.R.S.) OF
AMELIA, INC.**



Principal Place of Business

**62 GREEN HERON WAY
FERNANDINA BEACH FL 32034**

Mailing Address

**62 GREEN HERON WAY
FERNANDINA BEACH FL 32034**

2. Principal Place of Business

4924 First Coast Hwy

3. Mailing Address

P.O. Box 893

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fernandina Bch, FL

City & State

Fernandina Bch, FL

4. FEI Number

52-2382498

Applied For

Not Applicable

Zip

Country

USA

Zip

32034

Country

USA

5. Certificate of Status Desired

☐ **\$8:75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

JASINSKY, PAT

**62 GREEN HERON WAY
FERNANDINA BEACH FL 32034**

7. Name and Address of New Registered Agent

Name

Terri Tennille

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

218 Marsh Lakes Ct

Fernandina Bch FL

Zip Code

32034

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	<input type="checkbox"/> Delete
NAME	TENNILLE, TERRI	
STREET ADDRESS	218 MARSH LAKES CT	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	D	<input type="checkbox"/> Delete
NAME	JASINSKY, PAT	
STREET ADDRESS	62 GREEN HERON WAY	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRAY, JOANNA	
STREET ADDRESS	1899 SYCAMORE LN	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOURNE, ROB H	
STREET ADDRESS	655 PINEY ISLAND DR	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VITALE, LARRY	
STREET ADDRESS	1545 PHILIPS MANOR	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	D	<input type="checkbox"/> Delete
NAME	QUATTLEBAUM, PAT	
STREET ADDRESS	1004 N OCEAN OAKS	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Betty Cox	
STREET ADDRESS	415 S. 4th Street	
CITY-ST-ZIP	Fernandina Beach, FL 32034	
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 life empowers.

SIGNATURE:

SIGNATURE REQUIRED

2/6/03 904-261-4384

CR2E037 (10/02)