

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N04183**

1. Entity Name

**ANIMAL PROTECTION LEAGUE OF ESCAMBIA COUNTY, INC**

Principal Place of Business

Mailing Address

%JANICE L. HERVIEUX  
4240 APRIL ROAD  
PENSACOLA FL 32504

%JANICE L. HERVIEUX  
4240 APRIL ROAD  
PENSACOLA FL 32504-7771

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

**59-2421347**

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

HERVIEUX, JANICE L  
4240 APRIL ROAD  
PENSACOLA FL 32504

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.

SIGNATURE *Janice L. Hervieux*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*Jan 22, 2000*

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  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ZABILKA, GLADYS M	
STREET ADDRESS	4240 APRIL ROAD	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BACHTEL, MARY A.	
STREET ADDRESS	6120 ARBUTUS DR.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	RSD	<input type="checkbox"/> Delete
NAME	HERVIEUX, JANICE L.	
STREET ADDRESS	4240 APRIL RD	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WARD, SANDRA J.	
STREET ADDRESS	7132 WHIRLYBIRD AVE.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	CSD	<input type="checkbox"/> Delete
NAME	BENTON, SHARON K.	
STREET ADDRESS	6250 POWRIE DRIVE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> Delete
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		
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: *MANAQUE BACHTEL*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90162 015 \*\*\*\*61.25