

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04183

1. Entity Name

ANIMAL-PROTECTION LEAGUE OF ESCAMBIA COUNTY, INC

Principal Place of Business

%JANICE L. HERVIEUX
4240 APRIL ROAD
PENSACOLA FL 32504

Mailing Address

%JANICE L. HERVIEUX
4240 APRIL ROAD
PENSACOLA FL 32504

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

HERVIEUX, JANICE L
4240 APRIL ROAD
PENSACOLA FL 32504

4. FEI Number

59-2421347

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

April 27, 2001

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

TITLE PD ☐ Delete
NAME ZABILKA, GLADYS M
STREET ADDRESS 4240 APRIL ROAD
CITY-ST-ZIP PENSACOLA FL

TITLE VPD ☐ Delete
NAME BACHTEL, MARY A.
STREET ADDRESS 6120 ARBUTUS DR.
CITY-ST-ZIP PENSACOLA FL

TITLE RSD ☐ Delete
NAME HERVIEUX, JANICE L.
STREET ADDRESS 4240 APRIL RD
CITY-ST-ZIP PENSACOLA FL

TITLE TD ☐ Delete
NAME WARD, SANDRA J.
STREET ADDRESS 7132 WHIRLYBIRD AVE.
CITY-ST-ZIP PENSACOLA FL

TITLE CSD ☐ Delete
NAME BENTON, SHARON K.
STREET ADDRESS 6250 POWRIE DRIVE
CITY-ST-ZIP PENSACOLA FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Gladys M. Zabilka
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 25, 2001 (RSD) 477-7696

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90088 039 ****61.25

C0060862



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)