

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

**FILED**  
**Jan 10, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90045 026 \*\*\*\*61.25

**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

4. FEI Number **59-2421347**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

☐ Delete

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

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

☐ Delete

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

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

☐ Delete

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

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

☐ Delete

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

TITLE  
NAME **PD**  
STREET ADDRESS **BONNIE, MCLEAN**  
CITY-ST-ZIP **2319 N. 15TH AVE**  
**PENSACOLA FL 32503**

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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: **MARY A. BACHTEL**

**1/3/03 (850) 477-9131**

CR2E037 (10/02)