

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07248

1. Entity Name

ANIMAL STERILIZATION AND RABIES ASSISTANCE LEAGU

Principal Place of Business

324 CHRISTMAS TREE LANE. ROUTE 6  
PANAMA CITY FL 32413

Mailing Address

324 CHRISTMAS TREE LANE. ROUTE 6  
PANAMA CITY FL 32413

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. BOX 7082

Suite, Apt. #, etc.

City & State  
Panama City Beach FL

Zip  
32413-0082

Country  
BAY

6. Name and Address of Current Registered Agent

MCMILLAN, GERTRUDE  
324 CHRISTMAS TREE LANE., RT 6  
PANAMA CITY FL 32413

7. Name and Address of New Registered Agent

Name  
Carol Latone  
Street Address (P.O. Box Number is Not Acceptable)  
21808 MARLIN AVE  
City  
Panama City Beach FL Zip Code  
32413

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

Carol M Latone / President

April 10, 2001

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  
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS VILLAGOMEZ, DIANE 4105 KONSTANZ ST TALLAHASSEE FL 32303	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TRENT, ANN 2422 MAGNOLIA DE. PCB FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCMILLAN GERTRUDE 324 CHRISTMAS TREE PANAMA CITY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRENT, ANN 2422 MAGNOLIA DRIVE PANAMA CITY BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP President LATONE, CAROL 21808 MARLIN AVE Panama City Beach FL 32413	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Treasurer Keith, Linda 119 Granger LN RT 15 Panama City Beach FL 32413	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gilbrith, Linda 7300 S. Lagoon Dr Panama City Beach FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Weaver, Mary Lynn 205 Fairway Blvd Panama City Beach FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mcmillan, Gertrude 324 Christmgs Tree Lane Panama City Beach FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Vicries Trent, Ann 2422 magnolia Dr. Panama City Beach FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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:

Carol Latone / President 850-235-0247  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date April 10, 2001 Daytime Phone #

FILED  
Apr 17, 2001 8:00 am  
Secretary of State

04-17-2001 90148 002 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)