

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N07248**

1. Entity Name

**ANIMAL STERILIZATION AND RABIES ASSISTANCE LEAGUE, INC.**

Principal Place of Business

Mailing Address

**324 CHRISTMAS TREE LANE. ROUTE 6  
PANAMA CITY FL 32413**

**PO BOX 7082  
PANAMA CITY BEACH FL 32413-0082**

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

**59-2487314**

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

**LATONE, CAROL  
21808 MARLIN AVE  
PANAMA CITY BEACH FL 32413**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DS** ☐ Delete  
NAME **VILLAGOMEZ, DIANE**  
STREET ADDRESS **4105 KONSTANZ ST**  
CITY-ST-ZIP **TALLAHASSEE FL 32303**

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

TITLE **DV** ☐ Delete  
NAME **TRENT, ANN**  
STREET ADDRESS **2422 MAGNOLIA DE.**  
CITY-ST-ZIP **PCB FL**

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

TITLE **D** ☐ Delete  
NAME **MCMILLAN GERTRUDE**  
STREET ADDRESS **324 CHRISTMAS TREE**  
CITY-ST-ZIP **PANAMA CITY BEACH FL**

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

TITLE **D** ☐ Delete  
NAME **WEAVER, MARY L**  
STREET ADDRESS **205 FAIRWAY BLVD**  
CITY-ST-ZIP **PANAMA CITY BEACH FL**

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

TITLE **D** ☐ Delete  
NAME **CLIBITH, LINDA**  
STREET ADDRESS **7300 S LAGOON DR**  
CITY-ST-ZIP **PANAMA CITY BEACH FL**

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

TITLE **DT** ☐ Delete  
NAME **KEITH, LINDA**  
STREET ADDRESS **119 GRANGER LN RT 15**  
CITY-ST-ZIP **PANAMA CITY BEACH FL 32413**

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:

*Linda Keith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**KEITH**

Date

Daytime Phone #

**850 234 2388**



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)