

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N26657**

1. Entity Name

ANIMAL WELFARE LEAGUE OF HARDEE COUNTY, INC.

FILED
Jun 20, 2000 8:00 am
Secretary of State

06-20-2000 90002 024 ****61.25

Principal Place of Business

Mailing Address

**HARDEE HOME EXT
ALTMAN RD.
WAUCHULA FL 33873**

**P.O. BOX 1665
WAUCHULA FL 33873-1665**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0057390

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

**MILLER, BARBARA KAZEN
145 S. BARLOW RD.
WAUCHULA FL 33873**

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 **D** ☐ Delete
NAME **BARNCORD, SHIRLEY**
STREET ADDRESS **ROUTE 2 BOX 215-K**
CITY-ST-ZIP **WAUCHULA FL**

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

TITLE **SD** ☐ Delete
NAME **MILLER, BARBARA**
STREET ADDRESS **145 S. BARLOW RD.**
CITY-ST-ZIP **WAUCHULA, FL 33873**

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

TITLE **TD** ☐ Delete
NAME **BROWN, MARGARET**
STREET ADDRESS **6933 BETHEA RD.**
CITY-ST-ZIP **ZOLFO SPRINGS FL**

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

TITLE **D** ☐ Delete
NAME **FERRARO, FRAN**
STREET ADDRESS **513 S. FLA AVE.**
CITY-ST-ZIP **WAUCHULA FL**

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

TITLE **D** ☐ Delete
NAME **LAWSON, LORETTA**
STREET ADDRESS **2 OAK HILL**
CITY-ST-ZIP **WAUCHULA FL**

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

TITLE **PD** ☐ Delete
NAME **MASON, VIRGINIA**
STREET ADDRESS **723 KELLY ROBERTS RD.**
CITY-ST-ZIP **ZOLFO SPRINGS FL**

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:

Margaret Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

meas

5-30-2000

Date

Daytime Phone #

CR2E037 (9/99)