# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jun 20, 2001 8:00 am**
**Secretary of State**
04-24-2001 90004 045 ****61.25

DOCUMENT # N26657

1. Entity Name

ANIMAL WELFARE LEAGUE OF HARDEE COUNTY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| HARDEE HOME EXT<br>ALTMAN RD.<br>WAUCHULA FL 33873 | P.O. BOX 1665<br>WAUCHULA FL 33873 |

DO NOT WRITE IN THIS SPACE

| 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 65-0057390 ☐ 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 |
|---|---|
| MILLER, BARBARA KAZEN<br>145 S. BARLOW RD.<br>WAUCHULA FL 33873 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BARNCORD, SHIRLEY<br>ROUTE 2 BOX 215-K<br>WAUCHULA FL | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Winona Hansen<br>#296 E. Main St.<br>Wauchula, FL 33873 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>MILLER, BARBARA<br>145 S. BARLOW RD.<br>WAUCHULA, FL 33873 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>BROWN, MARGARET<br>6933 BETHEA RD.<br>ZOLFO SPRINGS FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FERRARO, FRAN<br>513 S. FLA AVE.<br>WAUCHULA FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LAWSON, LORETTA<br>2 OAK HILL<br>WAUCHULA FL | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Gene Lyons<br>944 Evergreen Dr.<br>Wauchula, FL | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>MASON, VIRGINIA<br>723 KELLY ROBERTS RD.<br>ZOLFO SPRINGS FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (10/00)

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:** SIGNATURE REQUIRED 4/17/01 863-773-2601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #