

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26657

1. Entity Name

ANIMAL WELFARE LEAGUE OF HARDEE COUNTY, INC.

Principal Place of Business

Mailing Address

HARDEE HOME EXT
ALTMAN RD.
WAUCHULA FL 33873

P.O. BOX 1665
WAUCHULA FL 33873

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
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
NAME HANSEN, WINONA
STREET ADDRESS H298 E MAIN ST
CITY-ST-ZIP WAUCHULA FL 33873 ☐ Delete

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

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

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

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

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

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

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

TITLE D
NAME LYONS, GENE
STREET ADDRESS 744 EVERGREEN DR
CITY-ST-ZIP WAUCHULA FL ☐ Delete

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/02

Date

863-TTB-2601

Daytime Phone #

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90083 035 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)