

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90200 010 ****61.25

DOCUMENT # N28422

1. Entity Name

HEARING DOGS OF FLORIDA, INC.

Principal Place of Business

**C/O AMELIA POST SARGENT
 6471 TAMIAMI CANAL ROAD
 MIAMI FL 33126**

Mailing Address

**C/O AMELIA POST SARGENT
 6471 TAMIAMI CANAL ROAD
 MIAMI FL 33126**

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 **65-0122441**

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

**SARGENT, AMELIA POST
 6471 TAMIAMI CANAL ROAD
 MIAMI FL 33126**

Name

SAME

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 **PD** ☐ Delete
 NAME **SARGENT, AMELIA POST**
 STREET ADDRESS **6471 TAMIAMI CANAL RD.**
 CITY-ST-ZIP **MIAMI FL**

TITLE **TREASURER** ☐ Change ☒ Addition
 NAME **MARY ZERQUERA**
 STREET ADDRESS **10742 N. KENDALL DRIVE**
 CITY-ST-ZIP **MIAMI, FL 33176**

TITLE **VD** ☐ Delete
 NAME **BARRY, MARGARET MARY**
 STREET ADDRESS **2510 NE 6TH AVENUE**
 CITY-ST-ZIP **FT. LAUDERDALE FL**

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

TITLE **S** ☐ Delete
 NAME **HUMPHRIES, BETTIE**
 STREET ADDRESS **809 ANGELO**
 CITY-ST-ZIP **CORAL GABLES FL**

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

TITLE **D** ☐ Delete
 NAME **SIMPSON, HELEN**
 STREET ADDRESS **1111 SEMINOLE DR.**
 CITY-ST-ZIP **FT. LAUDERDALE FL**

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

TITLE **D** ☐ Delete
 NAME **MCILVAINE, MIRIAM**
 STREET ADDRESS **1526 NORTH J TERRACE**
 CITY-ST-ZIP **LAKE WORTH FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

AMELIA POST SARGENT
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/01 (305) 261-8327
 Date Daytime Phone #

CR2E037 (10/00)