

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90032 048 ****61.25

DOCUMENT # N28422

1. Entity Name

HEARING DOGS OF FLORIDA, INC.

Principal Place of Business

Mailing Address

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

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

**PD
SARGENT, AMELIA POST
6471 TAMiami CANAL RD.
MIAMI FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

**VD
BARRY, MARGARET MARY
2510 NE 6TH AVENUE
FT. LAUDERDALE FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

**S
HUMPHRIES, BETTIE
809 ANGELO
CORAL GABLES FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

**D
SIMPSON, HELEN
1111 SEMINOLE DR.
FT. LAUDERDALE FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Delete

**D
MCILVAINE, MIRIAM
1526 NORTH J TERRACE
LAKE WORTH FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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**T
ZERQUERA, MARY
10742 N KENDALL DRIVE # L-3
MIAMI FL 33176**

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

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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
Amelia Post Sargent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/02 (305) 261-8327
Date Daytime Phone

CR2E037 (9/01)