

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90032 002 ****61.25

DOCUMENT # N30377

1. Entity Name

FLORIDA VOICES FOR ANIMALS, INC.

Principal Place of Business

Mailing Address

%RICHARD M. GEORGES, ESQ.
 3656 FIRST AVENUE N.
 ST. PETERSBURG FL 33713

PO BOX 17523
 TAMPA FL 33682-7523
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2959199

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

GEORGES, RICHARD M.
3656 FIRST AVENUE N.
ST. PETERSBURG FL 33713

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 Delete
 NAME **DV PARHAM, MYRIAM**
 STREET ADDRESS **21812 MIMIS WAY**
 CITY-ST-ZIP **LUTZ FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DV FLANAGAN, ELENA**
 STREET ADDRESS **21818 MIMS WAY**
 CITY-ST-ZIP **LUTZ FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DP LEWALLEN, JIM**
 STREET ADDRESS **17202 LAKESHORE ROAD**
 CITY-ST-ZIP **LUTZ FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T VERA, ELVIA J**
 STREET ADDRESS **13330 MORGAN DR**
 CITY-ST-ZIP **TAMPA FL 33618**

TITLE Change Addition
 NAME **Roghair, Susan**
 STREET ADDRESS **717 West Alfred St**
 CITY-ST-ZIP **Tampa, FL 33603**

TITLE Delete
 NAME **S CHIN, TREVOR M**
 STREET ADDRESS **9808 SIR FREDERICK ST**
 CITY-ST-ZIP **TAMPA 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00

813-969-3755

Date

Daytime Phone #

CR2E037 (9/99)