

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N30377**

1. Entity Name

FLORIDA VOICES FOR ANIMALS, INC.**FILED**
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90266 038 ****70.00

912563

DO NOT WRITE IN THIS SPACE

Principal Place of Business %RICHARD M. GEORGES, ESQ. 3656 FIRST AVENUE N. ST. PETERSBURG FL 33713		Mailing Address PO BOX 17523 TAMPA FL 33682 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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 GEORGES, RICHARD M. 3656 FIRST AVENUE N. ST. PETERSBURG FL 33713		7. Name and Address of New Registered Agent 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 \$61.259. 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	DV PARHAM, MYRIAM 21812 MIMIS WAY LUTZ FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FLANAGAN, ELENA 21818 MIMS WAY LUTZ FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEWALLEN, JIM 17202 LAKESHORE ROAD LUTZ FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS ROGNAIR, SUSAN 717 WEST ALFRED ST TAMPA FL 33603 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition ROGHAIR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHIN, TREVOR M 9808 SIR FREDERICK ST TAMPA FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**James E. Lewallen** 01/25/01 813 969-3755
Date Daytime Phone #

CR2E037 (10/00)