2002 UNIFORM BUSINESS REPORT (UBR)

[redacted] N31718

DOCUMENT # N31718

1. Entity Name

SOUTH LAKE ANIMAL LEAGUE, INC.

FILED
02 JUN 10 PM 5:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
C/O BETH A. MCCABE P. O. BOX 121504 CLERMONT FL 34712-8504	C/O BETH A. MCCABE P. O. BOX 121504 CLERMONT FL 34712-8504

[redacted]

DO NOT WRITE IN THIS SPACE

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 59-2949848 ☐ 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
BETH A. MCCABE 115 ALEXANDRIA AVE MINNEOLA FL 34755	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D MCCABE, BETH 115 ALEXANDRIA AVE MINNEOLA FL 34755	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition Beth McCabe Priestly 8119 Pine Island Rd. Clermont, FL 34711
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD THOMPSON-PRICE, PARTICIA 375 W. MINNEHAHA AVENUE CLERMONT FL 34711	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ☐ Change ☐ Addition Keith Mulling 640 Drew Ave. Clermont FL 34711
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, LORRAINE L 16919 ELDERBERRY DRIVE MONTVERDE FL 34756	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ☑ Change ☐ Addition 300005[illegible] -06/20/02--01068--003 *****61.25 *****61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BOWYER, BONNY 15705 ARABIAN WAY MONTVERDE FL 34756	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100005893651--8 -06/20/02--01084--003 *****61.25 *****61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BIDDLE, ROSE 658 WEST AVENUE CLERMONT FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SCHMIDT, MARK 490 E SOUTH ST ORLANDO FL 32801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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: Bonny Bowyer BONNY BOWYER, TREAS 5/23/02 352-243-1238
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #