

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90051 001 \*1,861.25

**DOCUMENT # N38376**

1. Entity Name  
ADOPT-A-GREYHOUND, INC.



Principal Place of Business

% PAUL LEWIN  
401 NW 38TH CT  
MIAMI, FL 33126-5638

Mailing Address

% PAUL LEWIN  
401 NW 38TH CT  
MIAMI, FL 33126-5638

66404086



**DO NOT WRITE IN THIS SPACE**

01192004 No Chg-NP

CR2E037 (10/03)

4. FEI Number

65-0211002

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HAVENICK, FRED  
401 NW 38TH CT  
MIAMI, FL 33126

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME HAVENICK, FRED  
STREET ADDRESS 401 NW 38TH CT  
CITY-ST-ZIP MIAMI, FL 33126

TITLE D  
NAME AMDUR, NEAL  
STREET ADDRESS 401 NW 38TH CT  
CITY-ST-ZIP MIAMI, FL 33126

TITLE VT  
NAME HUTCHINSON, BILL  
STREET ADDRESS 401 NW 38TH CT  
CITY-ST-ZIP MIAMI, FL 33126

TITLE S  
NAME TRIPLETT, JACQUES  
STREET ADDRESS 401 NW 38TH CT  
CITY-ST-ZIP MIAMI, FL 33126

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/04

Date

305-649-3000

Daytime Phone #

Fred Havenick