

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 14, 2000 08:00 AM  
Secretary of State

DOCUMENT # **N41126**

1. Entity Name

SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS, INC.

Principal Place of Business

Mailing Address

2781 ELECTRONICS DRIVE

1001 SERENADE ST NW

MELBOURNE

FL

PALM BAY

FL

32935

US

32907

US

2. Principal Place of Business

1001 SERENADE ST. NW

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PALM BAY

FL

City & State

4. FEI Number

59-3089336

Applied For

Not Applicable

Zip

32907

Country

US

Zip

Country

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

HATHAWAY, SUSAN J.

1001 SERENADE, N.W.

Name

Street Address (P.O. Box Number is Not Acceptable)

PALM BAY

FL

32907

US

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 **SUSAN J. HATHAWAY**

04/14/2000

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 SD ☐ Delete  
NAME MITCHELL BRUCE  
STREET ADDRESS 1825 S RIVERVIEW DRIVE  
CITY-ST-ZIP MELBOURNE FL

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

TITLE D ☐ Delete  
NAME HATHAWAY, SUSAN  
STREET ADDRESS 1001 SERENADE AVE., NW  
CITY-ST-ZIP PALM BAY FL

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

TITLE PD ☐ Delete  
NAME HECKENDORF, SANDY  
STREET ADDRESS 471 GREENWAY AVE.  
CITY-ST-ZIP SATELLITE BEACH 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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.