

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # N41126****1. Entity Name**
SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS, INC.**Principal Place of Business**
1001 SERENADE ST. NW
PALM BAY FL 32907 US
Mailing Address
1001 SERENADE ST NW
PALM BAY FL 32907 US**2. Principal Place of Business**
Suite, Apt. #, etc.
3. Mailing Address
Suite, Apt. #, etc.**City & State**
City & State
4. FEI Number
59-3089336
Applied For
Not Applicable**Zip**
Country
Zip
Country
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent**
HATHAWAY, SUSAN J.
1001 SERENADE, N.W.
PALM BAY FL 32907 US
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** **04/30/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW:**
FEE IS \$61.25
9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.
Make Check Payable to Department of State**10. OFFICERS AND DIRECTORS**
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	Change	Addition
NAME	MITCHELL BRUCE	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	1825 S RIVERVIEW DRIVE	<input type="checkbox"/>	<input type="checkbox"/>
CITY-ST-ZIP	MELBOURNE FL	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	D	<input type="checkbox"/>	<input type="checkbox"/>
NAME	HATHAWAY, SUSAN	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	1001 SERENADE AVE., NW	<input type="checkbox"/>	<input type="checkbox"/>
CITY-ST-ZIP	PALM BAY FL	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	PD	<input type="checkbox"/>	<input type="checkbox"/>
NAME	HECKENDORF, SANDY	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	471 GREENWAY AVE.	<input type="checkbox"/>	<input type="checkbox"/>
CITY-ST-ZIP	SATELLITE BEACH FL	<input type="checkbox"/>	<input type="checkbox"/>
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Susan Hathaway **D** **04/30/2001**

CR2E037 (11/00)