

2002 UNIFORM BUSINESS REPORT (UBR)

1/

FILED
Mar 18, 2002 8:00 am
Secretary of State

01-31-2002 90057 029 ****61.25

DOCUMENT # N42635

1. Entity Name

SAFE ANIMAL SHELTER OF ORANGE PARK, INC.

Principal Place of Business

Mailing Address

1065 BARTLETTE AVENUE
ORANGE PARK FL 32073
US

P. O. BOX 1386
ORANGE PARK FL 32067
US

17702



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-3054559

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

7. Name and Address of New Registered Agent

RISNER, PAUL E. ESQ
1880 ARLINGTON ST SUITE 210
DOCTORS GARDENS
SARASOTA FL 34239-3555

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 \$61.25

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 PD
NAME SULLIVAN, PATRICIA ☐ Delete
STREET ADDRESS 1919 HARBOR ISLAND DR
CITY-ST-ZIP ORANGE PARK FL 32078

TITLE PRES
NAME REBECCA CUMMINS ☒ Change ☐ Addition
STREET ADDRESS 400 HARVEST BEND DR
CITY-ST-ZIP ORANGE PARK, FL 32003

TITLE SD
NAME CUMMINGS, BECKY ☒ Delete
STREET ADDRESS 400 HARVEST VEND DRIVE
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE
NAME NONE ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME COOKE, ROBIN ☐ Delete
STREET ADDRESS 530 PINE FOREST TRL
CITY-ST-ZIP ORANGE PARK FL 32073

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

TITLE V
NAME HATLESTAD, JUNE ☒ Delete
STREET ADDRESS 3626 SCIOTO COURT
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE
NAME NONE ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (9/01)