

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49098

1. Entity Name

RIVERDALE HOME FOR FURRY FRIENDS, INC.

Principal Place of Business

7700 ATLANTIC ROAD
ST. AUGUSTINE FL 32092

Mailing Address

7700 ATLANTIC ROAD
ST. AUGUSTINE FL 32092-9654

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SYDNOR, JANET S
7700 ATLANTIC RD.
ST. AUGUSTINE FL 32092

4. FEI Number

58-2003161

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SYDNOR, JANET S.
7700 ATLANTIC RD.
ST. AUGUSTINE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CONNER, GLORIA J.
7700 ATLANTIC RD.
ST. AUGUSTINE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LABAR, KATHERINE W.
2690 CIMARRONE BLVD.
JACKSONVILLE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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☐ 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:

Janet S. Sydnor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90089 001 ****61.25

03-30-2000 90089 002 *****8.75



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)