

**FILED**  
**Jul 17, 2002 8:00 am**  
**Secretary of State**

05-29-2002 93597 030 \*\*\*61.25

**NOT-FOR-PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** N93000003988  
 1. Entity Name  
 ANIMAL SHELTER FUND, INC.  
 20957 Boca Ridge Drive West  
 Boca Raton, Florida 33428-1465

97539

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
 20957 Boca Ridge Drive West  
 Suite, Apt. #, etc.

3. Mailing Address  
 20957 Boca Ridge Drive West  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
 Boca Raton, Florida 33428

City & State  
 Boca Raton, Florida 33428

Zip Country  
 33428 Palm Beach

Zip Country  
 33428 Palm Beach

4. FEI Number  
 65-0446768

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE  
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
 AMANDA-JAYNE ROSS

Street Address (P.O. Box Number is Not Acceptable)  
 20957 Boca Ridge Drive West

City Boca Raton FL Zip Code 33428

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.  
 N/A

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FEE IS \$61.25 (Initial or Amended UBR)

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	AMANDA-JAYNE ROSS 20957 Boca Ridge Drive West Boca Raton, Florida 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RONALD P. KATZ 4483 Luxemburg Court Lake Worth, Florida 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARIANTHI DILENGE 9262 Sable Ridge Circle Boca Raton, Florida 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Amanda Jayne Ross*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # 561-393-1131