

2001 UNIFORM BUSINESS REPORT (UBR)

4/5/

FILED
May 17, 2001 8:00 am
Secretary of State

04-05-2001 90022 038 ****61.25

DOCUMENT # N94000002742

1. Entity Name

CRITTERS SAFE HAVEN, INC.

Principal Place of Business

Mailing Address

1945 GARCON POINT RD
 MILTON FL 32570
 US

1945 GARCON POINT ROAD
 MILTON FL 32570
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3251707

Applied For

Not Applicable

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

**ROTHBART, VIRGINIA V
 1945 GARCON POINT RD
 MILTON FL 32583**

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 resigning)

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 NAME STREET ADDRESS CITY-ST-ZIP	PVD ROTHBART, VIRGINIA V 1945 GARCON POINT RD MILTON FL 32583 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROTHBART, VIRGINIA V 1945 GARCON POINT RD MILTON FL 32583 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTHBART, GLENN I 1945 GARCON POINT RD MILTON FL 32583 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARY WHORTON (D) ☐ Change ☒ Addition 505 PARK AVE MILTON FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVID ROTHBART (D) ☐ Change ☒ Addition 1945 GARCON POINT RD MILTON FL 32583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JACKIE ROSE (D) ☐ Change ☒ Addition 5628 TURKEY RD PENSACOLA FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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

Virginia Rothbart, Pres.

850-623-8766

Date

Daytime Phone

CR2E037 (10/00)