2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Jan 14, 2000 8:00 am Secretary of State DOCUMENT # **N94000003507** CAT WOMAN'S SHELTER, INCORPORATED 01-14-2000 90023 027 ****61.25 Mailing Address Principal Place of Business 2120 PRINCETON ST PO BOX 15604 SARASOTA FL 34277-1604 SARASOTA FL 34237 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0506532 Not Application Zip Country \$8.75 Additional Zip ____ Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) **BRAND. CATHY** 2120 PRINCETON STREET SARASOTA FL 34237 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. **Department of State FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. DPT ☐ Change TITLE ☐ Delete TITLE NAME BRAND, CATHY NAME STREET ADDRESS 2120 PRINCETON STREET STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP SARASOTA FL 34237 ☐ Change The same Delete TITLE TITLE LENHARDT, ANESTA NAME NAME STREET ADDRESS STREET ADDRESS 1748 INDEPENDENCE BLVD CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34219 DS Change ☐ Delete TITLE TITLE Decelle, Melissa 3912 Middlesex Pl DECELLE, MELISSA NAME NAME STREET ADDRESS STREET ADDRESS 5923 ALBERT PL SATA 501A, FL 34241 CITY-ST-7IP CITY-ST-7IP SARASOTA FL 34231 _ · · · · · Change TITLE ☐ Delete TITLE Bershon, Burt BERSHON, BART NAME NAME STREET ADDRESS STREET ADDRESS 1800 2ND ST SUITE 881 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34236 ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ■ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.