

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0015597

DOCUMENT # N94000003507

1. Entity Name

CAT WOMAN'S SHELTER, INCORPORATED



FILED

04 FEB 12 AM 10:22

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

2120 PRINCETON ST  
SARASOTA FL 34237  
US

Mailing Address

PO BOX 15604  
SARASOTA FL 34277  
US

2. Principal Place of Business

2120 Princeton St.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 15604

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34237

Country

Sarasota

Zip

34277

Country

Sarasota

4. FEI Number 65-0506532

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BRAND, CATHY  
2120 PRINCETON STREET  
SARASOTA FL 34237

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. I am familiar with, and accept the obligations of registered agent.

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  
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> Delete
NAME	BRAND, CATHY	
STREET ADDRESS	2120 PRINCETON STREET	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	LENHARDT, ANESTA	
STREET ADDRESS	1748 INDEPENDENCE BLVD	
CITY-ST-ZIP	SARASOTA FL 34219	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	DECELLE, MELISSA	
STREET ADDRESS	3812 MIDDLESEX PL	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DPT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRAND, CATHY	
STREET ADDRESS	2120 PRINCETON STREET	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACOBS, WILLIAM	
STREET ADDRESS	2120 PRINCETON ST	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOSS, REX	
STREET ADDRESS	2120 PRINCETON ST	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Cathy Brand for Cat Woman's Shelter Inc. 1/28/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)