

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004779

1. Entity Name

HEARTS, HANDS AND HOOFES OF NORTHEAST FLORIDA, IN

Principal Place of Business

1783 NOLAN ROAD  
MIDDLEBURG FL 32068  
US

Mailing Address

1783 NOLAN ROAD  
MIDDLEBURG FL 32068-3070  
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

59-3276526

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

FOWLER, KIM  
1783 NOLAN RD  
MIDDLEBURG FL 32065

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	NAME	NASCA, SANDRA	<input type="checkbox"/> Delete
STREET ADDRESS	299 SOUTH ROSCOE BLVD			
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082			
TITLE	M	NAME	FOWLER, KIM	<input type="checkbox"/> Delete
STREET ADDRESS	2599 SUNRODGE CT			
CITY-ST-ZIP	ORANGE PARK FL 32065			
TITLE	ST	NAME	FREDRICO, ELISABETH	<input type="checkbox"/> Delete
STREET ADDRESS	3615 OAK STREET			
CITY-ST-ZIP	JACKSONVILLE FL			
TITLE	D	NAME	HAMMILL, DAVID	<input type="checkbox"/> Delete
STREET ADDRESS	421 OCEAN WALK DR SOUTH			
CITY-ST-ZIP	ATLANTIC BEACH FL 32233			
TITLE	I	NAME	FOWLER, DAVID	<input type="checkbox"/> Delete
STREET ADDRESS	2599 SUNRIDGE CT			
CITY-ST-ZIP	ORANGE PARK FL 32065			
TITLE	D	NAME	O'REILLY, BARBARA	<input type="checkbox"/> Delete
STREET ADDRESS	1370 13TH AVENUE SOUTH			
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250			

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jun 05, 2000 8:00 am  
Secretary of State

06-05-2000 90033 025 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)