

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 20, 2001 8:00 am**
Secretary of State

04-20-2001 90306 040 ****61.25

0007193

DOCUMENT # N94000004779

1. Entity Name

HEARTS, HANDS AND HOOFES OF NORTHEAST FLORIDA, IN

Principal Place of Business

Mailing Address

**1783 NOLAN ROAD
MIDDLEBURG FL 32068
US****1783 NOLAN ROAD
MIDDLEBURG FL 32068
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** ☐ Delete
NAME **NASCA, SANDRA**
STREET ADDRESS **299 SOUTH ROSCOE BLVD**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**TITLE ☐ Change ☒ Addition
NAME **President**
STREET ADDRESS **Nimmicht II, Edward**
CITY-ST-ZIP **7999 Blanding Blvd.
Jacksonville, FL**TITLE **M** ☒ Delete
NAME **FOWLER, KIM**
STREET ADDRESS **2599 SUNRODGE CT**
CITY-ST-ZIP **ORANGE PARK FL 32065**TITLE ☐ Change ☒ Addition
NAME **Secretary**
STREET ADDRESS **Baer, Mary**
CITY-ST-ZIP **1851 Southampton
Jacksonville, FL**TITLE **ST** ☒ Delete
NAME **FREDRICO, ELISABETH**
STREET ADDRESS **3615 OAK STREET**
CITY-ST-ZIP **JACKSONVILLE FL**TITLE ☐ Change ☒ Addition
NAME **Trustee**
STREET ADDRESS **Owen, Kris**
CITY-ST-ZIP **4712 Marsh Hammock Drive
Jacksonville, FL 32224**TITLE **D** ☐ Delete
NAME **HAMMILL, DAVID**
STREET ADDRESS **421 OCEAN WALK DR SOUTH**
CITY-ST-ZIP **ATLANTIC BEACH FL 32233**TITLE ☐ Change ☒ Addition
NAME **Trustee**
STREET ADDRESS **Norton, Greg**
CITY-ST-ZIP **1463 Creeks Edge Ct. W.
Orange Park, FL 32073**TITLE **T** ☐ Delete
NAME **FOWLER, DAVID**
STREET ADDRESS **2599 SUNRIDGE CT**
CITY-ST-ZIP **ORANGE PARK FL 32065**TITLE ☐ Change ☒ Addition
NAME **Vice-President**
STREET ADDRESS **Connelly, Marci**
CITY-ST-ZIP **200 Oak Point Lane
Ponte Vedra Beach, FL 32082**TITLE **D** ☐ Delete
NAME **O'REILLY, BARBARA**
STREET ADDRESS **1370 13TH AVENUE SOUTH**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**TITLE ☐ Change ☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Kimberly Fowler 4/19/01 (904) 211-9995**

Date

Daytime Phone #

CR2E037 (10/00)