

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005254

1. Entity Name

SAVE OUR STRAYS, INC.

FILED

Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90047 014 ****61.25

Principal Place of Business

Mailing Address

861-15TH AVENUE NORTH
ST. PETERSBURG FL 33704

861-15TH AVENUE NORTH
ST. PETERSBURG FL 33704-3335

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3274561

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KIEFNER, JOHN R.
100 SOUTH 2ND AVE
STE 400
ST. PETERSBURG FL 33701

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 PD
NAME KIEFNER, B.C.
STREET ADDRESS 11805 E 6TH ST
CITY-ST-ZIP TREASURE ISLAND FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD
NAME DORTON, SANDRA L.
STREET ADDRESS 14171 PAGE AVE
CITY-ST-ZIP LARGO FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME AMICK, DAVID M.
STREET ADDRESS 861 N 15TH AVE
CITY-ST-ZIP ST PETERSBURG FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~VPD~~
NAME ~~Boss, Robin~~
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE VPD
NAME Boss, Robin
STREET ADDRESS 14530-Oliver Street
CITY-ST-ZIP LARGO FL 33774 ☐ Change ☒ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

John R. Kiefner President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727 343-7387

CR2E037 (9/99)