

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000006297

1. Entity Name

THE NATIONAL SAVE-A-PET FOUNDATION, INC.

Mailing Address

120 OLIVE AVE. SOUTH
SUITE 301
WEST PALM BEACH FL 33401-5501
US

3. Mailing Address
120 OLIVE AVE SOUTH

Suite, Apt. #, etc.

SUITE 301

City & State

WEST PALM BEACH, FL

Country

Zip
33401-5532

Country
U.S.

65-0572604

Applied For	
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Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable)
120 OLIVE AVE. SOUTH
STE 301
City
WEST PALM BEACH

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 Richard M. Rapert DEPUTY ATTORNEY GENERAL
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE	D.	Change	☒ Addition
NAME	ARMENDARIZ, ALMA D.		
STREET ADDRESS	450 BRAZILIAN AVE		
CITY-ST-ZIP	PALM BEACH, FL 33480		

TITLE ☐ Change ☒ Addition
NAME DLOREN, BRULER, DVM
STREET ADDRESS 6510 S. DINIE HWY
CITY-ST-ZIP WEST PALM BEACH, FL 33405

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

TITLE	T	☐ Change	☒ Addition
NAME	ALLEN, NORMA		
STREET ADDRESS	127 PERUVIAN AVE		
CITY-ST-ZIP	PALM BEACH, FL 33480		

TITLE	GENERAL COUNSEL	☐ Change	☒ Addition
NAME	BERTRAM SHAPIRO		
STREET ADDRESS	120 OLIVE AVE SOUTH, STE 301		
CITY-ST-ZIP	WEST PALM BEACH FL 33401-5537		

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: DEBTAH SHAPER 3/9/00 (561) 8326660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #