

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90366 022 ****61.25

DOCUMENT # N94000006297

1. Entity Name

THE NATIONAL SAVE-A-PET FOUNDATION, INC.

Principal Place of Business

**120 OLIVE AVE. SOUTH
 SUITE 301
 WEST PALM BEACH FL 33401-5532
 US**

Mailing Address

**120 OLIVE AVE. SOUTH
 SUITE 301
 WEST PALM BEACH FL 33401-5532
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0572604

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

**SHAPERO, BERTRAM
 120 OLIVE AVE. SOUTH
 STE. 301
 WEST PALM BEACH FL 33401-5532**

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 ☐ Delete
 NAME **PTD**
 STREET ADDRESS **MAXWELL, GERTRUDE G**
 CITY-ST-ZIP **1473 N OCEAN BLVD
 PALM BEACH FL**

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

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **ARMENDAR, ALMA D**
 CITY-ST-ZIP **450 BRAZILIAN AVE
 PALM BEACH FL 33480**

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **MARGARET WEEKER**
 CITY-ST-ZIP **4 HOLLY DRIVE
 BOYNTON BEACH, FL 33436**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **COREN, BRUCE R DVM**
 CITY-ST-ZIP **6510 S. DIXIE HWY
 WEST PALM BEACH FL 33405**

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

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **SANDOVAL, INA**
 CITY-ST-ZIP **1412 CREST DR
 LAKE WORTH FL**

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

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

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

TITLE ☐ Delete
 NAME **CC**
 STREET ADDRESS **SHAPERO, BERTRAN**
 CITY-ST-ZIP **120 OLIVE AVE SOUTH, STE 301
 WEST PALM BEACH FL 33401-5532**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE REQUIRED SHAPERO 4/24/01 561 832 6660

CR2E037 (10/00)