2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000482

1. Entity Name

NETWORK OF HUMANE ORGANIZATIONS OF FLORIDA, INC. R

FILED
Aug 24, 2000 8:00 am
Secretary of State
08-24-2000 90076 041 ****70.00

Principal Place of Business	Mailing Address
P.O. BOX 677506 ORLANDO FL 32867-7506 US	P.O. BOX 677506 ORLANDO FL 32867-7506 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7814 Montezuma Trail	7814 Montezuma Trail
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando FL	City & State: Orlando FL
Zip: 32825 Country: USA	Zip: 32825 Country: USA

4. FEI Number: 59-3297626 ☐ 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
SARULLO, JUDITH 7814 MONTEZUMA TRAIL ORLANDO FL 32825	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 _____ DATE

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

FILE NOW: FEE IS $61.25
After September 13, 2000 min. will be $236.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SARULLO, JUDITH M 7814 MONTEZUMA TRAIL ORLANDO FL 32825	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LANDMUCHAEE, JULIE 3735 PARKARD AVE. ST. CLOUD FL 34772	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MARY VENTURINO 1933 Chad Court Orlando FL 32811	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BURKE, TIM 7814 MONTEZUMA TRAIL ORLANDO FL 32825	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/00)

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: Judith M Sarullo 8/17/00 4073825991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #