

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N95000001128**

1. Entity Name

ANIMAL RESCUE FORCE, INC.**FILED****Feb 01, 2000 8:00 am**
Secretary of State

02-01-2000 90030 028 ****61.25

Principal Place of Business

Mailing Address

14892-66TH TRAIL N.
PALM BEACH GARDENS FL 33410P.O. BOX 32785
PALM BEACH GARDENS FL 33420-2785

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0563187

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

NO FEE**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRAY, VICTORIA
14892-66TH TRAIL NORTH
PALM BEACH GARDENS FL 33410

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:
SEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **KERR, KRISTINE**
STREET ADDRESS **2359 HOLLY LANE**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**TITLE **D** ☐ Delete
NAME **MALONE, JOHN**
STREET ADDRESS **11811 AVENUE OF THE PGA**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**TITLE **D** ☐ Delete
NAME **KELLER, NANCY**
STREET ADDRESS **180 NEPTUNE DRIVE**
CITY-ST-ZIP **HYPOLUXO FL 33462**TITLE **D** ☐ Delete
NAME **HOBSCROFT, PEGGY**
STREET ADDRESS **18924 SE OLD TRAIL DRIVE**
CITY-ST-ZIP **JUPITER FL 33478**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P/O** ☐ Change ☒ Addition
NAME **BURTON GREENBERG**
STREET ADDRESS **13212 VERDUN DRIVE**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**TITLE **N/D** ☐ Change ☒ Addition
NAME **LORI BRANSON**
STREET ADDRESS **1A LEXINGTON LANE EAST**
CITY-ST-ZIP **PALM BEACH GARDENS**TITLE **T/D** ☐ Change ☒ Addition
NAME **MARILYN GREENBERG**
STREET ADDRESS **13212 VERDUN DRIVE**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**TITLE **S/D** ☐ Change ☒ Addition
NAME **VICTORIA GRAY**
STREET ADDRESS **14892-66TH TRAIL NORTH**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**TITLE **S/D** ☐ Change ☒ Addition
NAME **DENNIS SHANK**
STREET ADDRESS **14892-66TH TRAIL NORTH**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**TITLE **D** ☐ Change ☒ Addition
NAME **JANE GREGOIRE**
STREET ADDRESS **11581-68TH ST. N.**
CITY-ST-ZIP **WEST PALM BEACH FL 33412**

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:

BURTON GREENBERG

1/23/2000 561-624-4142

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #