

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90123 013 ****61.25

DOCUMENT # N95000002200



1. Entity Name
FELINE MANOR, INC.

Principal Place of Business
**21251 OLD STATE RD., #4A
CUDJOE KEY FL 33042
US**

Mailing Address
**3807 DONALD AVENUE
KEY WEST FL 33040
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0581581**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MADELEINE, LENORE
3807 DONALD AVE
KEY WEST FL 33040**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PSD** ☐ Delete
NAME **ELKINSOR, EILEEN**
STREET ADDRESS **3807 DONALD AVENUE**
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **PD** ☐ Change ☐ Addition
NAME **ELKINSON, Eileen**
STREET ADDRESS **TITLE & SPELLING CORRECTION**
CITY-ST-ZIP

TITLE **DV** ☐ Delete
NAME **SNOW, VICKI E**
STREET ADDRESS **2508 SEIDENBURG AVENUE**
CITY-ST-ZIP **KEY WEST FL 33040**

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

TITLE **TSO** ☐ Delete
NAME **MADELEINE, LENORE**
STREET ADDRESS **3807 DONALD AVENUE**
CITY-ST-ZIP **KEY WEST FL 33040**

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

TITLE **D** ☒ Delete
NAME **DERRICK, RICHARD**
STREET ADDRESS **21251 OLD STATE ROAD 4A**
CITY-ST-ZIP **CUDJOE KEY FL 33042**

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

TITLE **D** ☐ Delete
NAME **SNOW, CARROLL**
STREET ADDRESS **2508 SEIDENBERG AVENUE**
CITY-ST-ZIP **KEY WEST FL 33040**

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:

SIGNATURE OF PRESIDENT
Lenore Madeleine
Treasurer

3/24/03 305-295-2466

CR2E037 (10/02)