

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 09, 2000 08:00 AM  
Secretary of State

DOCUMENT # N95000004857

1. Entity Name

FRIENDS OF THE FEATHERED INC.

Principal Place of Business

Mailing Address

857 SEMINOLE BLVD.

857 SEMINOLE BLVD.

TARPON SPRINGS  
34689

FL

TARPON SPRINGS  
34689

FL

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

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

TALLMAN CAROL A  
857 SEMINOLE BLVD.

TARPON SPRINGS  
34689

FL

US

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.)

05/09/2000

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 S ☐ Delete  
NAME CAROL A TALLMAN  
STREET ADDRESS 857 SEMINOLE BLVD  
CITY-ST-ZIP TARPON SPRGS FL 34689

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

TITLE TD ☐ Delete  
NAME GROSS GILDA  
STREET ADDRESS 3146 SUTTON PL  
CITY-ST-ZIP HOLIDAY FL 34691

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

TITLE D ☐ Delete  
NAME MEGALLOUDIS GARY  
STREET ADDRESS 342 CROSSWINDS DR  
CITY-ST-ZIP PALM HARBOR FL 34683

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

TITLE D ☐ Delete  
NAME HOVER CHRIS  
STREET ADDRESS 4037 GRAYTON DR.  
CITY-ST-ZIP NEW PT RICHEY FL 34652

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

TITLE VD ☐ Delete  
NAME PERRY MICHAEL  
STREET ADDRESS 427 BROADWAY  
CITY-ST-ZIP DUNEDIN FL 34698

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

TITLE PD ☐ Delete  
NAME TALLMAN ALLEN R  
STREET ADDRESS 857 SEMINOLE BLVD.  
CITY-ST-ZIP TARPON SPRINGS FL 34689

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.

**MARY HOVER, SECRETARY**  
**2920 ALT. 19 S.**

**DUNEDIN, FL. 34698**