

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005669

1. Entity Name

ANIMAL RESCUE FOUNDATION, INC.

FILED
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90056 034 ****61.25

Principal Place of Business

100 ROCKINGHAM CT
LONGWOOD FL 32779
US

Mailing Address

100 ROCKINGHAM CT
LONGWOOD FL 32779
US

00002514



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

69-3431274

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

MABIE, JERRY
100 ROCKINGHAM CT
LONGWOOD FL 32779

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

TITLE	D	<input type="checkbox"/> Delete
NAME	MABIE, JERRY	
STREET ADDRESS	100 ROCKINGHAM CT	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	<input type="checkbox"/> Delete
NAME	MABIE, PATRICIA	
STREET ADDRESS	100 ROCKINGHAM CT	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREENSPAN, CARYN	
STREET ADDRESS	100 ROCKINGHAM CT	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAUENE, JAN	
STREET ADDRESS	100 ROCKINGHAM CT	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HORGAN, MELODY	
STREET ADDRESS	100 ROCKINGHAM CT	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHULENBERG, BRENDA	
STREET ADDRESS	100 ROCKINGHAM CT	
CITY-ST-ZIP	LONGWOOD FL 32779	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-01

407 788-5127

CR2E037 (10/00)