

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 12, 2000 8:00 am
Secretary of State

06-12-2000 90042 020 ***61.95

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DOCUMENT # **N970000000673** ✓
 1. Entity Name
LOVE FOR LIFE ANIMAL HAVEN INC.

Principal Place of Business Mailing Address
11716 W. FIG TREE LN.
CRYSTAL RIVER, FL 34428
USA 34428

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country
USA 34428

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

SYLVIA MORALES
11716 W. FIG TREE LN.
CRYSTAL RIVER, FL 34428

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

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	EXECUTIVE DIRECTOR <input type="checkbox"/> Delete
NAME	SYLVIA MORALES
STREET ADDRESS	11716 W. FIG TREE LN.
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428
TITLE	BOARD MEMBER <input type="checkbox"/> Delete
NAME	PETER RIPPKE
STREET ADDRESS	11716 W. FIG TREE LN.
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428
TITLE	BOARD MEMBER OFFICER <input type="checkbox"/> Delete
NAME	PAVANE FRASER
STREET ADDRESS	11716 W. FIG TREE LN.
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428
TITLE	FREDERIC C. DUMAINE <input type="checkbox"/> Delete
NAME	11716 W. FIG TREE LN.
STREET ADDRESS	CRYSTAL RIVER, FL 34428
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428
TITLE	(PRESIDENT) <input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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	
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: **Sylvia Morales - SYLVIA MORALES** 6/2/2000 352-7950223
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)