## 2001 UNIFORM BUSINESS REPORT (UBR)

## Mar 08, 2001 8:00 am 8 DOCUMENT # N9700001026 **Secretary of State** ANIMALS FROM THE ARK, HUMANE SOCIETY INCORPORATE 03-08-2001 90085 004 \*\*\*\*70 00 Principal Place of Business Mailing Address 1103 W. HIBISCUS., STE 305 1103 W. HIBISCUS., STE 305 MELBOURNE FL 32901 MELBOURNE FL 32901 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3434820 Not Applicable Zio Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) MILLER, BONNIE J 730 BONNIE CIRCLE **MELBOURNE FL 32901** Zip Code City 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) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE TITLE Change ☐ Addition ☐ Delete Coe, Michael Oak Drive Apt. 405 Michael. BACSKAY, EVELYN NAME NAME 170 BUZBY ST N.E. STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Melbourne, FI 32901 PALM BAY FL 32909 Delete TITLE TIT) F ☐ Change ☐ Addition MILLER, BONNIE NAME NAME STREET ADDRESS 730 BONNIE CIR STREET ADDRESS CITY-ST-ZIP ---MELBOURNE FL 32901 CITY-ST-ZIP-TITLE ☐ Change ☐ Addition TITLE Delete DIEDRICHS, SHIRLEY NAME NAME STREET ADDRESS 930 BACON CIR N.E. STREET ADDRESS PALM BAY FL 32905 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ` Change ☐ Addition Sieferd, Ginny 5140 Palominost. NAME STELZER, DEBBIE NAME STREET ADDRESS 657 ALTONA N.W. STREET ADDRESS FL 32934 CITY-ST-ZIF PALM BAY FL 32907 CITY-ST-ZIP Melbourne TITLE Delete TITLE Change ☐ Addition NAME NAME

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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

LLDIRBONNIE J. Hiller 2-5-01 768-6339

☐ Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP TITLE

NAME

■ Addition

Change