

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002619

1. Entity Name

OSCEOLA ANIMAL RELIEF, INC.

R

FILED
Aug 24, 2000 8:00 am
Secretary of State

08-24-2000 90027 045 ****70.00

Principal Place of Business

7814 MONTEZUMA TRL
ORLANDO FL 32825
US

Mailing Address

7814 MONTEZUMA TRL
ORLANDO FL 32825
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

59-3452953

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

SARULLO, JUDITH M.
7814 MONTEZUMA TRAIL
ORLANDO FL 32825

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
After September 13, 2000 min. will be \$236.25

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 PD ☐ Delete
NAME SARULLO, JUDITH
STREET ADDRESS 7814 MONTEZUMA TRAIL
CITY-ST-ZIP ORLANDO FL 32825

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

TITLE VD ☐ Delete
NAME KOHNKEN, SHERRIE
STREET ADDRESS 1701 TERRA COTA COURT
CITY-ST-ZIP ORLANDO FL 32825

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

TITLE SD ☒ Delete
NAME LANDMICHAEL, JULIE
STREET ADDRESS 3735 PACKARD AVE
CITY-ST-ZIP ST. CLOUD FL 34772

TITLE SD ☐ Change ☒ Addition
NAME MARY Venturino
STREET ADDRESS 1933 Chad Court
CITY-ST-ZIP Orlando FL 32811

TITLE TD ☒ Delete
NAME LANDMICHAEL, JULIE
STREET ADDRESS 3735 PACKARD AVE
CITY-ST-ZIP ST. CLOUD FL 34772

TITLE TD ☐ Change ☒ Addition
NAME Tim Burke
STREET ADDRESS 7814 Montezuma Trail
CITY-ST-ZIP Orlando FL 32825

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/00 407

Date

Daytime Phone #