

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000280

1. Entity Name

FELINE RESCUE ADOPTION PROGRAM, INC.

Principal Place of Business

818 MARGARET STREET
JACKSONVILLE FL 32204

Mailing Address

818 MARGARET STREET
JACKSONVILLE FL 32204

2. Principal Place of Business

818 MARGARET ST

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jax. FL

City & State

Jax. FL

Zip

32204

Country

USA

Zip

32204

Country

USA

4. FEI Number

59-3459694

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLARK, SHARON
2243 POST STREET
JACKSONVILLE FL 32204

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 PRA
NAME CLARK, SHARON
STREET ADDRESS 2243 POST STREET
CITY-ST-ZIP JACKSONVILLE FL 32204 ☐ Delete

TITLE VP
NAME BROWN, REBECCA
STREET ADDRESS 2941 CHEROKEE AVE APT 3
CITY-ST-ZIP JACKSONVILLE FL 32210 ☒ Delete

TITLE D
NAME WILLIAM, LEIGH
STREET ADDRESS 2844 KENWOOD DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32210 ☐ Delete

TITLE D
NAME GARBEE, MICHAEL
STREET ADDRESS 1356 WILLOWBRANCH AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32205 ☒ Delete

TITLE D
NAME TOWLER, SUE
STREET ADDRESS 2877 FORBES STREET
CITY-ST-ZIP JACKSONVILLE FL 32205 ☒ Delete

TITLE D
NAME CODY, RUSS
STREET ADDRESS 7002 N CYPRESS BRIDGE DR
CITY-ST-ZIP PONTE VEDRA FL ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Norec MAWER D
NAME 2875 SYPNEY ST
STREET ADDRESS JAX 32205 ☐ Change ☒ Addition

TITLE NORA CLARK D
NAME 5064 ARTUR BIRCHAL
STREET ADDRESS 32205 ☐ Change ☒ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

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

5/1/02

Date

904-387-2953

Daytime Phone #

CR2037 (9/01)

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-27-2002 90486 039 ****70.00

37498



DO NOT WRITE IN THIS SPACE