

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000656

1. Entity Name

Pigs As Pets Association, INC.

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90031 031 \*\*\*\*70.00

Principal Place of Business

14338 CRISTOBAL ST. S.E.  
FORT MYERS FL 33905-2335

Mailing Address

P.O. Box 50907  
Fort Myers FL  
33994-0907

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

65-0817248

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Gregory Hollenback  
14338 CRISTOBAL ST SE  
FORT MYERS FL 33905-2335

7. Name and Address of New Registered Agent

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  
NAME Hollenback, LANA  
STREET ADDRESS 14338 CRISTOBAL ST  
CITY-ST-ZIP FORT MYERS FL 33905-2335 ☐ Delete

TITLE DT  
NAME Wood, Randolph A.  
STREET ADDRESS 17092 Lewis Rd  
CITY-ST-ZIP ALVA FL 33920 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D/P  
NAME Kennington, Marianne ☒ Change ☒ Addition  
STREET ADDRESS 4929 Howard St  
CITY-ST-ZIP FORT MYERS FL 33905

TITLE D  
NAME Kennington, Shane ☐ Change ☒ Addition  
STREET ADDRESS 4929 Howard St  
CITY-ST-ZIP FORT MYERS FL 33905

TITLE D/S  
NAME Newkam, Roxane ☐ Change ☒ Addition  
STREET ADDRESS 82 Nelson Dr  
CITY-ST-ZIP CLEVELAND, TN 30528

TITLE D  
NAME Hollenback, LASHAWONDA ☐ Change ☒ Addition  
STREET ADDRESS 14338 CRISTOBAL ST  
CITY-ST-ZIP FORT MYERS FL 33905-2335

TITLE D  
NAME Newkam, MARVIN ☐ Change ☒ Addition  
STREET ADDRESS 82 Nelson Dr  
CITY-ST-ZIP CLEVELAND TN 30528

TITLE D  
NAME Hollenback, Dick ☐ Change ☒ Addition  
STREET ADDRESS 14338 CRISTOBAL ST  
CITY-ST-ZIP FORT MYERS FL 33905-2335

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:

Lana F. Hollenback

3/21/00

941-694-8128

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)