

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 04, 2002 8:00 am**  
**Secretary of State**

04-04-2002 90013 013 \*\*\*\*61.25

**DOCUMENT # N98000001572**

1. Entity Name

**GREYHOUND ADOPTION LEAGUE S/F, INC.**

Principal Place of Business

Mailing Address

**4128 HIBIS CUS CIRCLE  
WEST PALM BEACH FL 33409****P.O. BOX 221984  
W. PALM BEACH FL 33422**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**65-0825239**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DYSON, DIANNE  
6970 LAKESIDE ROAD  
W. PALM BEACH FL 33411**

Name

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

City **DI****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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
NAME **BORCHERT, RAY**  
STREET ADDRESS **4128 HIBISCUS CIRCLE**  
CITY-ST-ZIP **WEST PALM BEACH FL 33409**TITLE **SECRETARY** ☐ Change ☒ Addition  
NAME **MARY K. MACCHIA**  
STREET ADDRESS **10904 HOBART ST**  
CITY-ST-ZIP **TEQUESTA, FL 33469**TITLE **VD** ☐ Delete  
NAME **STEPHENSON, PAM**  
STREET ADDRESS **4062 GREENWOOD DRIVE**  
CITY-ST-ZIP **FT. PIERCE FL 34982**TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE **TD** ☐ Delete  
NAME **DYSON, DIANNE**  
STREET ADDRESS **6970 LAKESIDE ROAD**  
CITY-ST-ZIP **WEST PALM BEACH FL 33411**TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE **D** ☐ Delete  
NAME **DYSON, JERRY**  
STREET ADDRESS **6970 LAKESIDE ROAD**  
CITY-ST-ZIP **WEST PALM BEACH FL 33411**TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE **D** ☒ Delete  
NAME **WILLARD, DEBRA**  
STREET ADDRESS **11677 BANYAN STREET**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE **CD** ☐ Delete  
NAME **BORCHERT, ALICE**  
STREET ADDRESS **4128 HIBISCUS CIRCLE**  
CITY-ST-ZIP **WEST PALM BEACH FL 33410**TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ 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: **Dianne L. Dyson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**561-317-2941**

CR2E037 (9/01)