000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002474

Entity Name

FEATHERED FRIENDS ADOPTION AND RESCUE, INC.

(R)

FILED

00 SEP 21 PM 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000083217

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4751 ECSTASY CIRCLE COCOA FL 32926	4751 ECSTASY CIRCLE COCOA FL 32926

2. Principal Place of Business	3. Mailing Address
4610 Ecstasy Circle	4610 Ecstasy Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cocoa, FL	City & State: Cocoa, FL
Zip: 32926 Country: USA	Zip: 32926 Country: USA

4. FEI Number: 59-3435484 ☐ 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
HORTON, AUDREE 4751 ECSTASY CIRCLE COCOA FL 32926	Name: Audree Horton Street Address (P.O. Box Number is Not Acceptable): 4610 Ecstasy Circle City: Cocoa FL Zip Code: 32926

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: Audree Horton 8/30/00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D HORTON, AUDREE 4751 ECSTASY CIRCLE COCOA FL 32926	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Horton, Audree DP 4610 Ecstasy Circle Cocoa, FL 32926	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS ALLEN, GRACE 905 NAPLES DR ORLANDO FL 32804	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Allen, Grace DS 201 International Dr. #125 Cape Canaveral, FL 32920	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT BENNETT, C. JASON 4610 ECSTASY CIR COCOA FL 32926	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Bennett, C. Jason 2303 Michigan Ave Cocoa, FL 32926	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STACY, BRENDA 673 BRISBANE ST NE PALM BAY FL 32907	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Connone, Christine 101 Edward Ave. Lehigh Acres, FL 33972	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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*****61.25 *****61.25

CR2E037 (5/00)

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: Audree Horton REQUIRED 8/30/00 321 633-4744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #