

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000003836**

1. Entity Name

ANIMAL HELP PROGRAM, INC.**FILED**
Apr 20, 2000 8:00 am
Secretary of State

03-06-2000 90060 035 ****70.00

Principal Place of Business

Mailing Address

P.O. BOX 9345
PT. ST. LUCIE FL 34985P.O. BOX 9345
PT. ST. LUCIE FL 34985-9345

2. Principal Place of Business

1365 SW Gastador
Suite Apt. #, etc.
Pt St Lucie FL
City & State

3. Mailing Address

1365 SW Gastador
Suite Apt. #, etc.
Pt St Lucie FL
City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0855386

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARZ, MARGY
734 SW SAIL TERRACE
PORT SAINT LUCIE FL 34953

7. Name and Address of New Registered Agent

Name John Yanok
Street Address (P.O. Box Number is Not Acceptable)
1365 SW Gastador Ave
City Pt St Lucie FL Zip Code 34952

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 John Yanok John Yanok 4300

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. 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	ST	<input checked="" type="checkbox"/> Delete
NAME	BARZ, MARGY	
STREET ADDRESS	P.O. BOX 9345 N/A	
CITY-ST-ZIP	PT. ST. LUCIE FL 34985	
TITLE	DP	<input type="checkbox"/> Delete
NAME	YANOK, JOHN	
STREET ADDRESS	1365 SW GASTADOR AVE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34953	
TITLE	T BARZ	<input checked="" type="checkbox"/> Delete
NAME	BANZ, MARGARET	
STREET ADDRESS	4610 SE DENNIS WAY 1490 COLORADO AVE	
CITY-ST-ZIP	STUART FL 34466-34996 #107	
TITLE	T LUCILLE YANOK	<input type="checkbox"/> Delete
NAME	1365 SW GASTADOR AVE	
STREET ADDRESS	PT ST LUCIE FL 34952	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: John Yanok **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-00

Date

Daytime Phone #

CR2037 (9/99)