

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003981

1. Entity Name

ALLEY CAT RESCUE, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90159 023 ****61.25

Principal Place of Business

Mailing Address

5830 HAGERMAN ROAD
SARASOTA FL 34232

5830 HAGERMAN ROAD
SARASOTA FL 34232-6118

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

65-0810735

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

WESSELS, LAUREL
5830 HAGERMAN ROAD
SARASOTA FL 34232

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME P
STREET ADDRESS WESSELS, LAUREL
CITY-ST-ZIP 5830 HAGERMAN ROAD
SARASOTA FL 34232

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME V
STREET ADDRESS WESSELS, RUTH
CITY-ST-ZIP 5830 HAGERMAN ROAD
SARASOTA FL 34232

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME B
STREET ADDRESS GARRISON, AUDREY
CITY-ST-ZIP 1406 63RD STREET WEST
BRADENTON FL 34209

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME T
STREET ADDRESS SHIVERS, JOYCE
CITY-ST-ZIP 405 CRCHIBALD AVENUE
SARASOTA FL 34243

TITLE ☒ Change ☐ Addition
NAME Frank Angiolielli
STREET ADDRESS 3895 Woodmere Park Blvd. #10
CITY-ST-ZIP Venice, FL 34293

TITLE ☐ Delete
NAME D
STREET ADDRESS LITKE, LINDA
CITY-ST-ZIP 6101 CLUBSIDE DRIVE
SARASOTA FL 34243

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS POLLUCK, BARBARA
CITY-ST-ZIP 2524 COLONY TERRACE
SARASOTA FL 34329

TITLE ☐ Change ☐ 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/00

(941) 378-0233

CR2E037 (9/99)