

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90340 009 \*\*\*\*61.25

**DOCUMENT # N98000003981**

1. Entity Name

**ALLEY CAT RESCUE, INC.**



Principal Place of Business

**5830 HAGERMAN ROAD  
SARASOTA FL 34232**

Mailing Address

**5830 HAGERMAN ROAD  
SARASOTA FL 34232**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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

**WESSELS, LAUREL  
5830 HAGERMAN ROAD  
SARASOTA FL 34232**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>WESSELS, LAUREL</b>	
STREET ADDRESS	<b>5830 HAGERMAN ROAD</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34232</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>WESSELS, RUTH</b>	
STREET ADDRESS	<b>5830 HAGERMAN ROAD</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34232</b>	
TITLE	<b>B</b>	<input type="checkbox"/> Delete
NAME	<b>GARRISON, AUDREY</b>	
STREET ADDRESS	<b>1406 63RD STREET WEST</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34209</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>ANGIOLELLI, FRANK</b>	
STREET ADDRESS	<b>3885 WOODMERE PARK BLVD. #10</b>	
CITY-ST-ZIP	<b>VENICE FL 34293</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LITKE, LINDA</b>	
STREET ADDRESS	<b>6101 CLUBSIDE DRIVE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34243</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BROWER, SUSAN</b>	
STREET ADDRESS	<b>3722 61 ST W</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34209</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Paul Zullo</b>	
STREET ADDRESS	<b>2323 Eddendorf St</b>	
CITY-ST-ZIP	<b>Sarasota FL 34239</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Pat Bohlinger</b>	
STREET ADDRESS	<b>5125 Palm Ave Dr.</b>	
CITY-ST-ZIP	<b>Sarasota FL 34243</b>	
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:

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

**4/26/03**

Date

**941 371-1223**

Daytime Phone #

CR2E037 (10/02)