

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90029 047 ****61.25

DOCUMENT # N98000004155

1. Entity Name

TALLAHASSEE BIG DOG RESCUE, INC.

Principal Place of Business

1901 FAULK DRIVE
TALLAHASSEE FL 32303-7307

Mailing Address

1901 FAULK DRIVE
TALLAHASSEE FL 32303-7307

2. Principal Place of Business

1901 Faulk Dr.
Suite, Apt. #, etc.

3. Mailing Address

1901 Faulk Dr.
Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Tallahassee FL

Zip

32303

Country

Leon

Zip

32303

Country

Leon

4. FEI Number

59-3517684

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAXFIELD, DEE ANN B
1901 FAULK DRIVE
TALLAHASSEE FL 32303-7307

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.

SIGNATURE *Dee Ann B. Maxfield*

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

(NOTE: Registered Agent signature required when reinstating)

4/22/01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MAXFIELD, DEE ANN B 1901 FAULK DRIVE TALLAHASSEE FL 32303	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BENTLEY, RITA 11 KIINGS RD HAVANA FL 32333	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITFIELD, BRANDEE 5665 COUNTRYSIDE DR TALLAHASSEE FL 32311	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD PETRAS, JAN 514 E CAROLINA STREET TALLAHASSEE FL 32303	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD Sheree Connolly 415 Box 55 21, Dove Lane Monticello, FL 32344	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS 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: *Dee Ann B. Maxfield*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/01

Date

562-3200

Daytime Phone #

CR2E037 (10/00)