

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90017 019 ****61.25

DOCUMENT # N98000004155

1. Entity Name

TALLAHASSEE BIG DOG RESCUE, INC.

Principal Place of Business

Mailing Address

**1901 FAULK DRIVE
TALLAHASSEE FL 32303-7307**

**1901 FAULK DRIVE
TALLAHASSEE FL 32303-7307**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3517684

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

4/19/02

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	PT	<input type="checkbox"/> Delete
NAME	MAXFIELD, DEE ANN B	
STREET ADDRESS	1901 FAULK DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	VS	<input type="checkbox"/> Delete
NAME	BENTLEY, RITA	
STREET ADDRESS	11 KIINGS RD	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITFIELD, BRANDEE	
STREET ADDRESS	5665 COUNTRYSIDE DR	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	MD	<input type="checkbox"/> Delete
NAME	CONNOLLY, SHEREE	
STREET ADDRESS	RT 5 BOX 5579 DOVE LANE	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
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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:

Dee Ann B. Maxfield

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)