## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **N98000004470** Feb 24, 2000 8:00 am **Secretary of State** TREATMENT RESOURCES AND EDUCATION FOR ANIMALS IN 02-24-2000 90062 006 \*\*\*\*61.25 Principal Place of Business Mailing Address 1125 EASTERWOOD DRIVE 1125 EASTERWOOD DRIVE TALLAHASSEE FL 32311-3501 TALLAHASSEE FL 32311 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3539317 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 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) **BLANTON, SHEILA** 1125 EASTERWOOD DRIVE TALLAHASSEE FL 32311 Zip Code City 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) 9. Election Campaign Financing Make Check Payable to FILE NOW: **\$5.00** May Be Trust Fund Contribution. Added to Fees **Department of State** FEE'IS \$61.25 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. ☐ Addition ☐ Change MD to a series of the series of TITLE TITLE ☐ Delete BLANTON, SHEILA NAME NAME CR2E037 STREET ADDRESS 1125 EASTERWOOD DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32311 Addition εS ☐ Change ☐ Detete TITLE D TITLE NAME NAME BRUNS, PAM STREET ADDRESS STREET ADDRESS **5416 TOURAINE DRIVE** CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32308 Change Addition ☐ Delete TITLE TIT! F NAME Collier, Jan NAME STREET ADDRESS STREET ADDRESS 1125 EASTERWOOD DRIVE CITY-ST-ZIP CITY-ST-7IP TALLAHASSEE FL 32311 Addition εC TITLE Change ☐ Delete TITLE FUTCH, CYNDI NAME NAME STREET ADDRESS STREET ADDRESS 4304 MOSSY TOP CT CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32303 KX Change Addition ☐ Delete TITLE (change in marital St. Onge, Robin NAME Livingston, Robin NAME STREET ADDRESS status) STREET ADDRESS 301 S MONROE ST CITY-ST-ZIP CITY-ST-7IP TALLAHASSEE FL 32301 Milton Grosz III XX Delete \*\* Addition ☐ Change TITLE Neil Kirkman Bldg-MS88 MCDANIEL, LORAINE NAME Director 2900 Apalachee Pkwy. STREET ADDRESS STREET ADDRESS 2120 KILLEARNEY WAY Treasurer CITY-ST-ZIP FL 32399 Tallahassee, TALLAHASSEE FL 32308

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

Description:

Date

Description:

De

12. I hereby certify that the information supplied with this filling 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