

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004470

1. Entity Name

TREATMENT RESOURCES AND EDUCATION FOR ANIMALS IN

Principal Place of Business

1125 EASTERWOOD DRIVE
TALLAHASSEE FL 32311

Mailing Address

1125 EASTERWOOD DRIVE
TALLAHASSEE FL 32311

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

59-3539317

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

BLANTON, SHEILA
1125 EASTERWOOD DRIVE
TALLAHASSEE FL 32311

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 NAME STREET ADDRESS CITY-ST-ZIP	MD BLANTON, SHEILA 1125 EASTERWOOD DRIVE TALLAHASSEE FL 32311	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BRUNS, PAM 5416 TOURAIN DRIVE TALLAHASSEE FL 32308	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLIER, JAN 1125 EASTERWOOD DRIVE TALLAHASSEE FL 32311	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC FUTCH, CYNDI 4304 MOSSY TOP CT TALLAHASSEE FL 32303	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ONGE, ROBIN ST 301 S MONROE ST TALLAHASSEE FL 32301	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GROSZ, MILTON 111 2900 APALACHEE PKWY TALLAHASSEE FL 32399	☐ Delete

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

Milton J. Grosz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 Jan 01

Date

850 922 7237

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)