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

FILED
May 17, 2002 8:00 am
Secretary of State
05-17-2002 90035 002 ****61.25

DOCUMENT # N98000004470

1. Entity Name
Treatment, Resources and Education for Animals in Temporary Shelter, Inc. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1125 Easterwood Dr.	P.O. Box 14806
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee, FL	City & State: Tallahassee, FL
Zip: 32311 Country: USA	Zip: 32317 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3539317 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Cyndi Futch
Street Address (P.O. Box Number is Not Acceptable): 4304 Mossy Top Ct.
City: Tallahassee **FL** Zip Code: 32303

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: Cyndi Futch — Cyndi Futch — 4/25/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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: D NAME: Pam Bruns STREET ADDRESS: 5416 Tauraine CITY-ST-ZIP: Tallahassee, FL 32308	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: S/D NAME: Robin St. Onge STREET ADDRESS: 1879 Chartais CITY-ST-ZIP: Tallahassee, FL 32311	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: D NAME: Jan Collier STREET ADDRESS: 4198 Kimmer Rowe Dr. CITY-ST-ZIP: Tallahassee, FL 32309	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: P/D NAME: Cyndi Futch STREET ADDRESS: 4304 Mossy Top Ct CITY-ST-ZIP: Tallahassee, FL 32303	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: T/D NAME: Milton Grosz STREET ADDRESS: 3135 Camelliawood Cir W CITY-ST-ZIP: Tallahassee, FL 32301	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: D NAME: Dana Dowling STREET ADDRESS: 301 S. Monroe St CITY-ST-ZIP: Tallahassee, FL 32301	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Cyndi Futch — Cyndi Futch — 4/25/02 — (850)562-7297
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Document # N98000004470 / 662349

Line 10

Additional Director

D
Gretchen Waldo
7431 Skipper Ln
Tallahassee, 32317