

2001 UNIFORM BUSINESS REPORT (UBR)

1/2

FILED
Feb 19, 2001 8:00 am
Secretary of State

01-26-2001 90162 028 ****61.25

DOCUMENT # N98000007284

1. Entity Name

ANIMAL OUTREACH OF BRANDON, INC.

Principal Place of Business

Mailing Address

9302 DR. MARTIN LUTHER KING BLVD., E.
 # 336
 TAMPA FL 33610

4239 W EL PRADO BLVD
 TAMPA FL 33629

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

65-0876801

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

SPENCER, BEVERLY
 4207 S. DALE MABRY - 101 ASH
 TAMPA FL 33611

Name
BEVERLY SPENCER

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

2016 DARLINGTON DR

City
SEFFNER

FL

Zip Code
33684

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
D
SPENCER, BEVERLY
2016 DARLINGTON DR
SEFFNER FL 33584 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
GREGORY, JEANETTE
4239 W EL PRADO BLVD
TAMPA FL 33629 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
TD
SKOLNICK, MARGIE
2205 HICKORY RIDGE DR.
VALRICO FL 33594 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
DONALD GREGORY
4012 W. EL PRADO BLVD
TAMPA, FL 33629 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

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☐ Delete

TITLE
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2007 (10/00)