

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000974

1. Entity Name

NATIONAL ALLIANCE OF BIRMAN BREEDERS, INC.

Principal Place of Business

3240 JASMINE DRIVE  
DELRAY BEACH FL 33483

Mailing Address

3240 JASMINE DRIVE  
DELRAY BEACH FL 33483

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

BAILEY-HELMOLD, KAREN  
3240 JASMINE DRIVE  
DELRAY BEACH FL 33483

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

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

TITLE P ☐ Delete  
NAME THOMASSON, LIZ  
STREET ADDRESS 3240 JASMINE DRIVE  
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE V ☐ Delete  
NAME ST. CLAIR, FERN  
STREET ADDRESS 3240 JASMINE DRIVE  
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE S ☐ Delete  
NAME THAYER, NORA  
STREET ADDRESS 3240 JASMINE DRIVE  
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE T ☐ Delete  
NAME GABBARD, CURT  
STREET ADDRESS 3240 JASMINE DRIVE  
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE D ☐ Delete  
NAME GABBARD, JAN  
STREET ADDRESS 8434 WICK LANE  
CITY-ST-ZIP MAINVILLE OH 45039

TITLE D ☐ Delete  
NAME BAILEY-HELMOLD, KAREN  
STREET ADDRESS 3240 JASMINE DRIVE  
CITY-ST-ZIP DELRAY BEACH FL 33483

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition  
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NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Karen Bailey-Helmold

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01 (561) 272-4224

Date

Daytime Phone #

FILED  
Apr 27, 2001 8:00 am  
Secretary of State

04-27-2001 90328 009 \*\*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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