

2000 UNIFORM BUSINESS REPORT (UBR)

8/

FILED
Aug 23, 2000 8:00 am
Secretary of State

08-11-2000 90054 003 ****61.25

DOCUMENT # N99000001202

1. Entity Name

SOUTH FLORIDA ANIMAL RESCUE, INC.

Principal Place of Business

Mailing Address

3301 SOUTH OCEAN BLVD. #506
 HIGHLAND BEACH FL 33487-2570

3301 SOUTH OCEAN BLVD. #506
 HIGHLAND BEACH FL 33487-2570

2. Principal Place of Business

430 Enfield St.

Suite, Apt. #, etc.

3. Mailing Address

430 Enfield St.

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Boca Raton

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
 33487

Country

U.S.A.

Zip
 33487

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MILLER, LUCY W
 3301 SOUTH OCEAN BLVD. #506
 HIGHLAND BEACH FL 33487-2570

7. Name and Address of New Registered Agent

Name Cyrus C. Tichenor

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

430 Enfield St.

City

Boca Raton

FL

Zip Code
 33487

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

Cyrus C. Tichenor President/Treasurer

(Signature typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

8/7/00
 DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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	President	<input type="checkbox"/> Delete
NAME	Cyrus C. Tichenor	
STREET ADDRESS	430 Enfield St.	
CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE	Lucy W. Miller	<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Cyrus C. Tichenor	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President	
STREET ADDRESS	430 Enfield St.	
CITY-ST-ZIP	Boca Raton, FL 33487	Director
TITLE	Cyrus C. Tichenor	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Treasurer	
STREET ADDRESS	430 Enfield St.	
CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE	Barbara L. Traver	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Secretary	
STREET ADDRESS	6498 N.E. 7TH AVE.	Director
CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE	JANIS Clerk	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OFFICE	
STREET ADDRESS	7200 N.W. 200th Ave. Townhouse #61	Trustee
CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Cyrus C. Tichenor
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/00
 Date

954-444-5617
 Daytime Phone #

CR2E037 (5/00)