

2000 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
May 11, 2000 8:00 am
Secretary of State

03-17-2000 90078 047 ****61.25

DOCUMENT # N99000004209

1. Entity Name

FLORIDA COCKER SPANIEL RESCUE, INC.

Principal Place of Business

LOVE ON PAWS
4635 LAND O' LAKES BLVD.
LAND O' LAKES FL 34639

Mailing Address

LOVE ON PAWS
4635 LAND O' LAKES BLVD.
LAND O' LAKES FL 34639-3924

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE
59-3581852

4. FEI Number

N99000004209

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

BARON, NANCY
25910 BLUE JAY PLACE
WESLEY CHAPEL FL 33544

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 **D** President ☐ Delete
NAME **CAROL CANSLER**
STREET ADDRESS **27117 Hickory Hill Rd**
CITY-ST-ZIP **Brooksville, FL 34602-8290**

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

TITLE **D** Vice-President ☐ Delete
NAME **NANCY BARON**
STREET ADDRESS **25910 Blue Jay Place**
CITY-ST-ZIP **Wesley Chapel, FL 33544**

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

TITLE **T** Secretary ☐ Delete
NAME **DENNIS BARON**
STREET ADDRESS **25910 Blue Jay Place**
CITY-ST-ZIP **Wesley Chapel, FL 33544**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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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)(f), 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

3-13-00 (813) 996-7969

Date

Daytime Phone #

CR2E037 (9/99)