

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

1/2

01-27-2003 90523 040 ****61.25

DOCUMENT # N99000004813

1. Entity Name

**GREYHOUND PETS OF AMERICA, INC./GREATER ORLANDO
CHAPTER**



Principal Place of Business

1260 S. CR 427
LONGWOOD FL 32750

Mailing Address

1260 S. CR 427
LONGWOOD FL 32750

55006788



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 **95-4114011**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

NOLET, LISA
329 E. CITRUS ST.
ALTAMONTE SPRINGS FL 32701

7. Name and Address of New Registered Agent

Name **Deborah Moyer**
Street Address (P.O. Box Number is Not Acceptable) **901 Copperfield Terr.**
City **Casselberry** FL Zip Code **32707**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Deborah Moyer

(NOTE: Registered Agent signature required when reinstating)

DATE

1/23/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	NOLET, LISA	
STREET ADDRESS	329 E. CITRUS ST	
CITY-ST-ZIP	ALTAMONTE SPRINGS 32701	
TITLE	VP	<input type="checkbox"/> Delete
NAME	YOUNG, CHERI	
STREET ADDRESS	3 MICHELLE DR	
CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE	DES	<input type="checkbox"/> Delete
NAME	MORE, ALICE	
STREET ADDRESS	1759 PERUVIAN LANE	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	BONK, THOMAS	
STREET ADDRESS	219 MOCKINGBIRD LN	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	RS	<input type="checkbox"/> Delete
NAME	HARRIS, JOAN	
STREET ADDRESS	385 RALEIGH PL	
CITY-ST-ZIP	OVIEDO FL 32773	
TITLE	D	<input type="checkbox"/> Delete
NAME	Deborah Moyer	
STREET ADDRESS	901 Copperfield Terr.	
CITY-ST-ZIP	Casselberry, FL 32707	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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		
TITLE	Chairman of the Board	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Same	
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 empowerments.

SIGNATURE:

Deborah Moyer

1/23/03

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR

407 834 9106

CR2E037 (10/02)