

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90139 007 ****61.25

DOCUMENT # N99000004940

1. Entity Name

ANIMAL RESCUE FUND, INC.

Principal Place of Business

**665 ROSEMERE CIRCLE
ORLANDO FL 32835**

Mailing Address

**665 ROSEMERE CIRCLE
ORLANDO FL 32835**

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

59-3589753

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PORTER, LEIGH
665 ROSEMERE CIRCLE
ORLANDO FL 32835**

7. Name and Address of New Registered Agent

Name **Leigh Causey**
Street Address (P.O. Box Number is Not Acceptable) **665 Rosemere Circle**
City **Orlando** FL Zip Code **32835**

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 **Leigh Porter**
Signature, typed or printed name of registered agent and title if applicable.

1/11/00
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 NAME STREET ADDRESS CITY-ST-ZIP	D PORTER, LEIGH 665 ROSEMERE CIRCLE ORLANDO FL 32835	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAUSEY, CURTIS 665 ROSEMERE CIRCLE ORLANDO FL 32835	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRONGELB, BRUCE 2310 RIDGE AVE. ORLANDO FL 32803	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Causey, Leigh (married)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7607 Kings Passage Ave Orlando, FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Leigh Causey**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/00 **407-297-7078**
Date Daytime Phone #

CR2E037 (10/00)

Department of Health • Vital Statistics
STATE OF FLORIDA
MARRIAGE RECORD
TYPE IN UPPER CASE
USE BLACK INK

This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

#N 99000004940
812244

(STATE FILE NUMBER)

Orange Co FL 2000-0446017
10202000 02:52:20pm
OR Bk 6113 Pg 73

Recorded - Martha O. Haynie

MLO-00-6229

(APPLICATION NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) CURTIS LEE CAUSEY			2. DATE OF BIRTH (Month, Day, Year) 12-11-1964		
3a. RESIDENCE - CITY, TOWN, OR LOCATION ORLANDO		3b. COUNTY ORANGE		3c. STATE FLORIDA	
5a. BRIDE'S NAME (First, Middle, Last) LEIGH ALLISON PORTER			5b. MAIDEN SURNAME (If different)		
7a. RESIDENCE - CITY, TOWN, OR LOCATION ORLANDO		7b. COUNTY ORANGE		7c. STATE FLORIDA	
			8. BIRTHPLACE (State or Foreign Country) WEST VIRGINIA		

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) <i>Curtis Lee Causey</i>		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 10-04-2000	
11. TITLE OF OFFICIAL DEPUTY CLERK		12. SIGNATURE OF OFFICIAL (Use black ink) <i>Martha O. Haynie</i>	
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>Leigh Allison Porter</i>		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 10-04-2000	
15. TITLE OF OFFICIAL DEPUTY CLERK		16. SIGNATURE OF OFFICIAL (Use black ink) <i>Martha O. Haynie</i>	

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE ORANGE COUNTY		18. DATE LICENSE ISSUED 10-04-2000		18a. DATE LICENSE EFFECTIVE 10-04-2000		19. EXPIRATION DATE 12-03-2000	
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>Janet W. Chapin</i>				20b. TITLE CLERK OF THE CIRCUIT COURT		20c. BY D.C. <i>llc</i>	

CERTIFICATE OF MARRIAGE

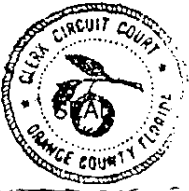
I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) October 14, 2000		22. CITY, TOWN, OR LOCATION OF MARRIAGE Orlando - St. Luke's United Methodist	
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>Rev. Beth M. Farabee</i>		23c. ADDRESS (Of person performing ceremony) 4851 S. Apopka-Vineland Rd.	
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) Rev. Beth M. Farabee Associate Pastor		24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Karen Carter</i>	
		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Shirley M. Murrell</i>	

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

26. SOCIAL SECURITY NUMBER		27. RACE		28. WERE YOU EVER PREVIOUSLY		IF ANSWER IS YES TO ITEM 28, THEN COMPLETE ITEMS 29a, 29b, and 29c	
GROOM				29a. NO. OF THIS		29b. LAST MARRIAGE ENDED BY	
BF				29c. DATE LAST MARRIAGE ENDED			

STATE OF FLORIDA - COUNTY OF ORANGE
I HEREBY CERTIFY that this is a copy of
the original record as maintained in the office of
the Clerk of the Circuit Court, County of Orange, Florida.
Janet W. Chapin D.C.
DATED: **October 20, 2000**



SEAL



#N99000004940

DRIVER LICENSE
CLASS E

Florida

The Sunshine State

LICENSE NUMBER
C200-535-70-681-0

LEIGH PORTER CAUSEY
665 ROSEMEAD CIR
ORLANDO, FL 32835-4426

BIRTH DATE **SEX** **HT.** **WT.** **ENDORSE**
06-21-70 **F** **5-08**

ISSUED **EXPIRES** **DUPLICATE**
03-27-87 **06-21-03** **11-21-00**

Leigh Causey

ORGAN DONOR

SAFE DRIVER

Operation of a motor vehicle constitutes consent to any activity test required by law.