

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005260

1. Entity Name

SUWANNEE VALLEY FELINE RESCUE, INC.

R

FILED
Sep 14, 2000 8:00 am
Secretary of State

09-14-2000 90016 029 ****61.25

Principal Place of Business

10100 142ND ST.
 LIVE OAK FL 32060

Mailing Address

10100 142ND ST.
 LIVE OAK FL 32060

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SNIDER, LARRY
 10100 142ND ST.
 LIVE OAK FL 32060

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

Larry Snider

(NOTE: Registered Agent signature required when reinstating)

DATE

9/12/00

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 | EX. DIRECTORS | <input type="checkbox"/> Delete |
| NAME | LARRY SNIDER | |
| STREET ADDRESS | 10100 142ND ST. | |
| CITY-ST-ZIP | LIVE OAK FL 32060 | |
| TITLE | DIRECTOR | <input type="checkbox"/> Delete |
| NAME | VALERIE QUICK | |
| STREET ADDRESS | 3104 DUPONT AVE | |
| CITY-ST-ZIP | RICHMOND VA 2234 | |
| TITLE | DAVID HAMILL | <input type="checkbox"/> Delete |
| NAME | DIRECTOR | |
| STREET ADDRESS | 2713 VIA BAYA | |
| CITY-ST-ZIP | JACKSONVILLE FL 32060 | |
| TITLE | TERRI HARRIS | <input type="checkbox"/> Delete |
| NAME | DIRECTOR | |
| STREET ADDRESS | 11329 Brightbridge Dr. | |
| CITY-ST-ZIP | JEFRET, FL 33584-2913 | |
| 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 | | <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 | | |

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:

LARRY SNIDER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/00 9043622287

Date

Daytime Phone #

CR2E037 (5/00)