

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

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90261 032 \*\*\*\*61.25

**DOCUMENT # N99000005764**

1. Entity Name  
**ANIMAL RESCUE COALITION, INC.**



Principal Place of Business

**47 S. PALM AVENUE  
SUITE 213  
SARASOTA FL 34236**

Mailing Address

**47 S. PALM AVENUE  
SUITE 213  
SARASOTA FL 34236**

2. Principal Place of Business

**47 S. Palm Avenue**

Suite, Apt. #, etc.

**Suite 209**

City & State

**Sarasota, FL**

Zip

**34236**

Country

**Sarasota**

3. Mailing Address

**47 S. Palm Avenue**

Suite, Apt. #, etc.

**Suite 209**

City & State

**Sarasota, FL**

Zip

**34236**

Country

**Sarasota**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0950292**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BARSKY, IRA  
1157 WEST WAY DR.  
SARASOTA FL 34236**

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

SIGNATURE **IRA Barsky**  
Signature, typed or printed name of registered agent and title if applicable.

**IRA Barsky, Chairman**

(NOTE: Registered Agent signature required when reinstating)

**02-04-03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ Delete  
NAME **SARBEY, EDWARD H**  
STREET ADDRESS **102 N. WARBLER LN**  
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **TDC** ☐ Delete  
NAME **BARSKY, IRA P**  
STREET ADDRESS **1157 WEST WAY DR**  
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **D** ☐ Delete  
NAME **CARR, KATHRYN A**  
STREET ADDRESS **240 S. PINEAPPLE AVE**  
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition  
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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)(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:

**SIGNATURE REQUIRED**

**02-04-03**

Date

**941-957-1955**

Daytime Phone #

CR2E037 (10/02)