

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005938

1. Entity Name

ASSOCIATION OF DIRECTORS OF FLORIDA ANIMAL SERVI

Principal Place of Business

1040 SOUTH FLORIDA AVE.,#118A
ROCKLEDGE FL 32955

Mailing Address

1040 SOUTH FLORIDA AVE.,#118A
ROCKLEDGE FL 32955-2498

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

59-3604719

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

WARD, JOE DR.
1040 SOUTH FLORIDA AVE.,#118A
ROCKLEDGE FL 32955

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 PD ☐ Delete
NAME WARD, JOE D R.
STREET ADDRESS 1040 SO.FL.AVE.,#118A,BREVARD CO. ANIMAL
CITY-ST-ZIP ROCKLEDGE FL 32955

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

TITLE VD ☐ Delete
NAME WITTMER, MIKE
STREET ADDRESS 232 BUSH BLVD.,SEMINOLE CO. ANIMAL SERVICE
CITY-ST-ZIP SANFORD FL 32773-6179

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

TITLE SD ☐ Delete
NAME SNOW, BARBARA
STREET ADDRESS 3400 N.E. 53RD ST.,ALACHUA CO. ANIMAL SERV
CITY-ST-ZIP GAINESVILLE FL 32609

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

TITLE TD ☐ Delete
NAME WILSON, REBECCA
STREET ADDRESS 3151 E. S.R.44,VOLUSIA CO. ANIMAL CONTROL
CITY-ST-ZIP DELAND FL 32724

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 7, 2000 321-617-7502
Date Daytime Phone #

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90012 030 ****61.25

00007471



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)