

2001 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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

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

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

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 life empowered.

SIGNATURE:

Joseph A. Ward
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8 Jan 01

321 617 7502

Date

Daytime Phone #

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90019 034 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3604719

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (10/00)