

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 12, 2000 8:00 am
Secretary of State

03-06-2000 90053 008 ****70.00

DOCUMENT # N99000005952

1. Entity Name

THE CARE-FULL KENNEL FOUNDATION, INC.

Principal Place of Business

10926 BARRETT ST.
NEW PORT RICHEY, FL
34654

Mailing Address

P.O. Box 5452
SPRING HILL, FL
34611-5452

2. Principal Place of Business

10926 BARRETT ST.

3. Mailing Address

Suite, Apt. #, etc.

SAME

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY FL

Zip

34654

Country

PASCO

Zip

Country

4. FEI Number

59-3608086

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MICHAEL R. KENT
10926 BARRETT ST
NEW PORT RICHEY, FL 34654

7. Name and Address of New Registered Agent

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

10926 BARRETT ST

City

NEW PORT RICHEY

FL

Zip Code

34654

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



MICHAEL R. KENT SEC. 02/28/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

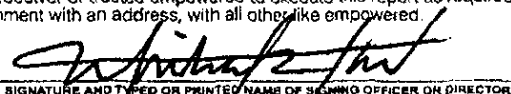
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
T	PRESIDENT	HEATHER N. WIDLA	12183 LANDFAIR ST SPRING HILL FL 34608-1533	☐
D	CEO	MICHAEL R. KENT	10926 BARRETT ST NEW PORT RICHEY, FL 34654	☐
T	VICE PRESIDENT	BRUCE C. KENT	10926 BARRETT ST NEW PORT RICHEY, FL 34654	☐
				☐
				☐
				☐
				☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 like empowered.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/28/00 352-650-9563

Date

Daytime Phone #

CR2E037 (9/99)