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	Mailing Address
10926 BARRETT ST. NEW PORT RICHEY, FL 34654	P.O. BOX 5452 SPRING HILL, FL 34611-5452

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10926 BARRETT ST.	
Suite, Apt. #, etc.	Suite, Apt. #, etc. SAME
City & State: NEW PORT RICHEY FL	City & State
Zip: 34654 Country: PASCO	Zip / Country

4. FEI Number: 59-3608086 ☐ 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
MICHAEL R. KENT 10926 BARRETT ST NEW PORT RICHEY, FL 34654	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: [signature] MICHAEL R. KENT SEC. DATE: 02/28/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	T PRESIDENT HEATHER N. WIDLA 12183 LANDFAIR ST SPRING HILL FL 34608-1533	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CEO MICHAEL R. KENT 10926 BARRETT ST NEW PORT RICHEY, FL 34654	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T VICE PRESIDENT BRUCE C. KENT 10926 BARRETT ST NEW PORT RICHEY, FL 34654	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E037 (9/99)

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] 02/28/00 352-650-9563
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #