

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2001 8:00 am
Secretary of State

06-19-2001 90429 017 ****61.25

DOCUMENT # **N99000006329**

1. Entity Name

Squirrel Rescue Foundation, Inc.

(CA)

Principal Place of Business

Mailing Address

Principal Place of Business

3. Mailing Address

350 Miller Oaks Dr. S.

2350 Miller Oaks Dr. S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59 3610307

Applied For

Not Applicable

Zip

Country

32217

Duval

Zip

Country

32217

Duval

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Howard A. Caplan, Attorney, P.A.
3900 Atlantic Blvd.
Jacksonville, FL 32207

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	D	<input type="checkbox"/> Delete
NAME	Gaylynn Lankford	
STREET ADDRESS	2350 Miller Oaks Dr. S.	
CITY-ST-ZIP	Jacksonville, FL 32217	
TITLE	D	<input type="checkbox"/> Delete
NAME	Larry Lankford	
STREET ADDRESS	2350 Miller Oaks Dr. S.	
CITY-ST-ZIP	Jacksonville, FL 32217	
TITLE	D	<input type="checkbox"/> Delete
NAME	Linda Echevarria	
STREET ADDRESS	11823 Flynn Road	
CITY-ST-ZIP	Jacksonville, FL 32223	
TITLE	D	<input type="checkbox"/> Delete
NAME	Rhoda Stevenson, DVM	
STREET ADDRESS	10550-12 St. Augustine Road	
CITY-ST-ZIP	Jacksonville, FL 32257	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CB, P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gaylynn Lankford	
STREET ADDRESS	2350 Miller Oaks Dr. S.	
CITY-ST-ZIP	Jacksonville, FL 32217	
TITLE	S, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Larry Lankford	
STREET ADDRESS	2350 Miller Oaks Dr. S.	
CITY-ST-ZIP	Jacksonville, FL 32217	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gaylynn Lankford (Gaylynn Lankford)

6/8/01

Date

904-332-3410

Daytime Phone #

CR2E037 (11/00)