

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90200 013 ***550.00

DOCUMENT # Insert Document Number N99000007057

1. Entity Name
WALTER TURKEN FOUNDATION FOR STRAY DOG TRAINING AND ADOPTION, INC.

Principal Place of Business Mailing Address
 201 N. Franklin Street, Suite 2100 201 N. Franklin Street, Suite 2100
 Tampa, Florida 33602-5164 Tampa, Florida 33602-5164

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number **65-0964774** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

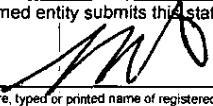
Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 Stephen J. Mitchell
 201 N. Franklin Street, Ste. 2100
 Tampa, Florida 33602

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  **Stephen J. Mitchell (Registered Agent)** **May 9, 2001**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE


9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Turken, Jane 67 8 th Avenue Naples, FL 33940 <input type="checkbox"/> Delete	TITLE NAME STREET CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Mitchell, Stephen J. 201 N. Franklin Street, Ste. 2100 Tampa, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Reisman, John 711 Galleon Drive Naples, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE  **[Stephen J. Mitchell (Director/Vice President)]** **May 9, 2001** (813) 229-3321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #