2001 UNIFORM BUSINESS REPORT (UBR) May 23, 2001 8:00 am Secretary of State DOCUMENT # Insert Document Number N9900007057 1. Entity Name WALTER TURKEN FOUNDATION FOR STRAY 05-23-2001 90200 013 ***550.00 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. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 65-0964774 Not Applicable Zip Country Country Zip 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 Stephen J. Mitchell 201 N. Franklin Street, Ste. 2100 Street Address (P.O. Box Number is Not Acceptable) Tampa, Florida 33602 City 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 (NOTE: Registered Agent signature required when reinstating) or printed name of registered agent and title if applicable \$5.00 May Be 9. This corporation is eligible to satisfy its FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Intangible Tax filing requirement and elects to After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution do so. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS TITLE ☐ Delete DP NAME Turken, Jane NAME STREET ADDRESS 67 8th Avenue STREET CITY-ST-ZIP CITY-ST-ZIP Naples, FL 33940 TITLE TITI F Change Addition ☐ Delete NAME NAME Mitchell, Stephen J. STREET ADDRESS STREET 201 N. Franklin Street, Ste. 2100 CITY-ST-ZIP CITY-ST-ZIP Tampa, FL 33602 TITLE Delete TITLE ☐ Change ☐ Addition STD NAME NAME Reisman, John STREET ADDRESS STREET 711 Galleon Drive CITY-ST-ZIP CITY-ST-ZIP Naples, FL 34102 TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 and officer 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 and 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 and 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. address, with all other like SIGNATURE [Stephen J. Mitchell (Director/Vice President)] (813) 229-3321 May 9, 2001 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone