

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 02, 2001 8:00 am**  
**Secretary of State**

06-02-2001 90004 016 \*\*\*\*61.25

**DOCUMENT # N99000007144**

1. Entity Name

**SOUTHEAST BORDER COLLIE RESCUE LEAGUE, INC.**

Principal Place of Business

**400 SOUTH KEPLER ROAD  
 DELAND FL 32724**

Mailing Address

**PO BOX 741594  
 DELAND FL 32774**

2. Principal Place of Business

3. Mailing Address

**400 South Kepler Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**DeLand Florida**

Zip

Country

**Zip  
 32724**

**Country  
 USA**

4. FEI Number

**59-3612473**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**CARTER, JERRY A  
 400 SOUTH KEPLER ROAD  
 DELAND FL 32724**

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

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CARTER, JERRY A</b>	
STREET ADDRESS	<b>400 S KEPLER RD.</b>	
CITY-ST-ZIP	<b>DELAND FL 32724</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TAYLOR, SANDRA L</b>	
STREET ADDRESS	<b>400 S KEPLER RD.</b>	
CITY-ST-ZIP	<b>DELAND FL 32774</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SIMONDS, DENISE</b>	
STREET ADDRESS	<b>400 S. KEPLER RD.</b>	
CITY-ST-ZIP	<b>DELAND FL 32724</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MILLER, JOANE</b>	
STREET ADDRESS	<b>400 S. KEPLER RD.</b>	
CITY-ST-ZIP	<b>DELAND FL 32724</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>James Clemons</b>	
STREET ADDRESS	<b>400 South Kepler Road</b>	
CITY-ST-ZIP	<b>DeLand Florida 32724</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Steven Hamilton</b>	
STREET ADDRESS	<b>400 South Kepler Road</b>	
CITY-ST-ZIP	<b>DeLand Florida 32724</b>	
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:

*Jerry A. Carter*

**Jerry A. Carter**

5-1-01

386-822-4728

CR2E037 (10/00)