

2000 UNIFORM BUSINESS REPORT (UBR)

3/13/00-90013-033-\$150.00-\$150.00

DOCUMENT # P97000010362

1. Entity Name

TAKE ONE VIDEO OF NAPLES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 30 PM 3: 15

Principal Place of Business

4987 GOLDEN GATE PARKWAY
NAPLES FL 34116

Mailing Address

4987 GOLDEN GATE PARKWAY
NAPLES FL 34116-6972

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0727193

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

BURCHIN, MICHELLE

4987 GOLDEN GATE PARKWAY
NAPLES FL 34116

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

Michelle Burchin

(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, 2000 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
D
BURCHIN, MICHELLE
691 2 STREET NE
NAPLES FL 34120 ☐ 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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Michelle Burchin (941) 455-8220
Michelle Burchin 3/5/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

2000 UNIFORM BUSINESS REPORT (UBR)

1/27/00-90122-018-\$61.25-\$61.25

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DOCUMENT # 717330

1. Entity Name

THE SOCIETY FOR THE PREVENTION OF CRUELTY TO ANI

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 30 PM 3:20

Principal Place of Business

Mailing Address

3200 S.W. 4TH AVE.
FT. LAUDERDALE FL 33315

3200 S.W. 4TH AVE.
FT. LAUDERDALE FL 33315-3019

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7086391

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BRINKLEY, MCNERNEY, M
SUITE 1800, 200 E. LAS OLAS BLVD.
FT. LAUDERDALE FL 33301

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
NAME
STREET ADDRESS
CITY - ST - ZIP
D
SCHLUETER, SHERRY L.
P O BOX 770444
CORAL SPRINGS FL 33077

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
DUDAS, STEVE
8212 SW 14 CT
FT LAUDERDALE FL 33068

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PT
SCHLUETER, SHERRY
6640 EASTVIEW DR.
LANTANA FL 33462

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PT
SHEAROUSE, SUE
160 N COMPASS DR
FT LAUDERDALE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
POPE, BOB
805 SW 5 PLACE
FT LAUDERDALE FL 33315

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
MANDUCA, ROSANDRA
511 SW 68 TERRACE
HALLANDALE FL 33009

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
President
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Treasurer
Shearouse, Sue L.
6640 Eastview Dr.
Lantana FL 33462
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Vice President
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Secretary
Litterick, Diane
5409 NE 2nd Avenue
Ft. Lauderdale, FL 33334
☐ Change ☒ Addition

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

1/20/00

Date

(561) 641-8737

Daytime Phone #

CR2E037 (9/99)

pg 2 of 2
Attachment



WILDLIFE CARE CENTER

HELP FOR INJURED WILDLIFE

Incorporated March 27, 2000
as S.P.C.A. of
Broward County, Inc.

Florida Department of State
ANNUAL REPORTS SECTION
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern,

As requested, I have placed a "D" or "T" beside the names of the Wildlife Care Centers Board of Directors. It appears that the information sent last year was entered incorrectly. Thank you for correcting it this year. To clarify, I am typing the correct information below.

Steve Dudas
8212 SW 14 Court
Ft. Lauderdale, FL 33068
PRESIDENT/DIRECTOR

Sherry Schlueter
PO Box 770444
DIRECTOR

Bob Pope
605 SW 5 Place
Ft. Lauderdale, FL 33315
VICE PRESIDENT/DIRECTOR

Sue Shearouse
6640 Eastview Drive
Lantana, FL 33462
TREASURER/DIRECTOR

Diane Litterick
5409 NE 2 Avenue
Ft. Lauderdale, FL 33334
SECRETARY/DIRECTOR

If any additional information is needed, please do not hesitate to contact me.

Thank you,

Sue L. Shearouse

3200 S.W. 4th Avenue, Fort Lauderdale, FL 33315-3019

Hospital: (305) 524-4302 • Administration: (305) 524-7464 • Development: (305) 524-7564

PS: Received letter March 16, 2000, envelope dated 3/7/00

