

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000096153

1. Entity Name

FLORIDA ANIMAL CARE, INC.

FILED

May 17, 2000 8:00 am  
Secretary of State

05-17-2000 90996 032 \*\*\*150.00

Principal Place of Business

Mailing Address

11002 NATHAN COURT  
PUNTA GORDA FL 33955

~~5650 MT MORIAH EXT~~ 11002 Nathan Ct  
~~MEMPHIS TN 38113-1689~~ Punta Gorda FL 33955  
~~US~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

62-1715066

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

MOORE, JAMES E III  
1625 WEST MARION AVENUE  
PUNTA GORDA FL 33950

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 James Moore III, ATTN

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. ☐

**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	P	<input type="checkbox"/> Delete
NAME	BECKMAN, BRETT W	
STREET ADDRESS	<del>5650 MT MORIAH</del> 11002 Nathan Court	
CITY-ST-ZIP	<del>MEMPHIS TN 38113</del> Punta Gorda FL 33955	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BECKMAN, LECIA	
STREET ADDRESS	<del>5650 MT MORIAH</del> 11002 Nathan Court	
CITY-ST-ZIP	<del>MEMPHIS TN 38113</del> Punta Gorda, FL 33955	
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 empowered.

SIGNATURE: Leeia P. Beckman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)