

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000096708

1. Entity Name

CRITTER'S CORNER OF CASSELBERRY, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90482 048 ***150.00

Principal Place of Business

Mailing Address

1455 SEMORAN BLVD
SUITE 225
CASSELBERRY FL 32707
US

4207 VANITA COURT
WINTER SPRINGS FL 32708-4951

2. Principal Place of Business

4050 N. Goldenrod Road
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Winter Park, FL

City & State

4. FEI Number

59-3476764

Applied For

Not Applicable

Zip

Country

32792

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KIMBALL, JUDITH J
4207 VANITA COURT
WINTER SPRINGS FL 32708

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

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

TITLE PD ☐ Delete
NAME KIMBALL, JUDITH J
STREET ADDRESS 4207 VANITA COURT
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE S ☐ Delete
NAME DESFORGES, TAMMY S
STREET ADDRESS 5403 ROYAL OAKS DRIVE
CITY-ST-ZIP FRUITLAND PARK FL 34731

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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:

Judith J. Kimball Judith J. Kimball

4/25/00

407 699-1893

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)