

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756997

1. Entity Name

RARE FELINE BREEDING CENTER, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90008 029 ****61.25

Principal Place of Business % ROBERT BAUDY STATE HWY 48, P.O. BOX 100 CENTER HILL FL 33514	Mailing Address % ROBERT BAUDY STATE HWY 48, P.O. BOX 100 CENTER HILL FL 33514-0100
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2013615	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

BAUDY, ROBERT
STATE HWY 48, P.O. BOX 100
CENTER HILL FL 33514

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	PD BAUDY, ROBERT STATE RD 48 P O BOX 100 CENTER HILL FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHAFER, ED 557 S COUNTRY CLUB DR ATLANTIS FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELSTON, VICTORIA 7118 HOLIDAY HILL COURT JACKSONVILLE FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: ROBERT BAUDY 3527932109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 3.23.00 Daytime Phone #

CR2E037 (9/99)