

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****May 15, 2002 8:00 am**
Secretary of State

05-15-2002 90030 030 ****61.25

DOCUMENT # 756997

1. Entity Name

RARE FELINE BREEDING CENTER, INC.

Principal Place of Business

Mailing Address

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2013615

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

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

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 \$61.259. 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 ☐ Delete
NAME **PD**
STREET ADDRESS **BAUDY, ROBERT**
CITY-ST-ZIP **STATE RD 48 P O BOX 100
CENTER HILL FL**TITLE ☐ Change ☐ Addition
NAME **NO CHANGE**
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME ~~ED~~
STREET ADDRESS **SCHAFER, ED**
CITY-ST-ZIP **557 S COUNTRY CLUB DR
ATLANTIS FL**TITLE ☐ Change ☐ Addition
NAME **NO CHANGE**
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Delete
NAME ~~ED~~
STREET ADDRESS **ELSTON, VICTORIA**
CITY-ST-ZIP **7148 HOLIDAY HILL COURT
JACKSONVILLE FL**TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **WEAVER, CATHY P.**
CITY-ST-ZIP **240 SOUTHWEST 165TH STREET
OCALA, FL 34473**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT E. BAUDY**04/23/02**

Date

(352) 793-2109

Daytime Phone #

CR2E037 (9/01)