

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State
 03-21-2000 90018 002 ****61.25

DOCUMENT # N95000000588

1. Entity Name
K-9 SEARCH & RESCUE OF SOUTH FLORIDA, INC.

Principal Place of Business Mailing Address
10 LINCOLN AVE. **10 LINCOLN AVE.**
LEHIGH ACRES FL 33936 **LEHIGH ACRES FL 33936-6760**

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 Applied For
65-0471808 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BARGET, RENEE
10 LINCOLN AVE.
LEHIGH ACRES FL 33936

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 _____
Signature, typed or printed name of registered agent and title if applicable.

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	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARGET, RENEE		NAME		
STREET ADDRESS	10 LINCOLN AVE.		STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES FL 33936		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Asst. Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARGET, RICHARD		NAME	Barry Liebowitz	
STREET ADDRESS	10 LINCOLN AVE.		STREET ADDRESS	2765 4th Ave NE	
CITY-ST-ZIP	LEHIGH ACRES FL 33936		CITY-ST-ZIP	Naples, FL 33964	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVEN, DONOVAN		NAME	Terrence W. Weaver	
STREET ADDRESS	890 8TH ST SE		STREET ADDRESS	10 Lincoln Ave	
CITY-ST-ZIP	NAPLES FL 33964		CITY-ST-ZIP	Lehigh Acres, FL 33936	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRY, LIEBOWITZ		NAME	Phyllis I. Bell	
STREET ADDRESS	2765 4TH AVE NE		STREET ADDRESS	5300 C.R. 951	
CITY-ST-ZIP	NAPLES FL 33964		CITY-ST-ZIP	Naples, FL 34114	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Renée Barget* Date: 3/6/00 Daytime Phone #: (941) 368-6345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE