

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2000 8:00 am**  
**Secretary of State**

02-25-2000 90008 042 \*\*\*\*61.25

**DOCUMENT # P23272**

1. Entity Name

**CANINE COMPANIONS FOR INDEPENDENCE, INC.**

Principal Place of Business

Mailing Address

2965 DUTTON AVE  
 SANTA ROSA CA 95407  
 US

P.O. BOX 446  
 SANTA ROSA CA 95402-0446  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**94-2494324**

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

**MARGARET AGER**  
**C/O CANINE COMPANIONS FOR INDEPENDENCE**  
**1073-B ORIENTA AVE**  
**ALTAMONTE SPGS. FL 32701**

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 \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P.	<input type="checkbox"/> Delete
NAME	SCHULZ, JEAN	
STREET ADDRESS	4900 UPPER RIDGE ROAD	
CITY-ST-ZIP	SANTA ROSA CA	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GITTINGER, ANNE	
STREET ADDRESS	2033 1ST AVE	
CITY-ST-ZIP	SEATTLE WA	
TITLE	S	<input type="checkbox"/> Delete
NAME	EMRICK, MARY	
STREET ADDRESS	1700 PARKVIEW DRIVE	
CITY-ST-ZIP	SAN BRUNO CA	
TITLE	T	<input type="checkbox"/> Delete
NAME	TED ROGAHN	
STREET ADDRESS	3329 CANDLEWOOD ST	
CITY-ST-ZIP	LAKEWOOD CA 90712	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCGREGOR, LUKE	
STREET ADDRESS	8 INDEPENDENCE WAY, S.	
CITY-ST-ZIP	EDGEWATER NJ	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CROSBY, PHYLIS	
STREET ADDRESS	1861 MCKELVEY RD	
CITY-ST-ZIP	GREENBACK TN	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUSS GUREVITCH	
STREET ADDRESS	6054 HYLAND WAY	
CITY-ST-ZIP	PENNGROVE CA	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERRY LEVIN	
STREET ADDRESS	ONE LOCUST STREET	
CITY-ST-ZIP	SAN FRANCISCO CA	

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:**  **COREY HUDSON** **EXECUTIVE DIRECTOR** **2/17/2000** **(707) 577-1700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E037 (9/99)