

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725645

1. Entity Name

FLORIDA WILDLIFE HOSPITAL & SANCTUARY INC.

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90015 025 ****70.00

Principal Place of Business 4560 NORTH U.S. HIGHWAY 1 MELBOURNE FL 32935	Mailing Address 4560 NORTH U.S. HIGHWAY 1 MELBOURNE FL 32935-7202
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 23-7292826	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CASTNER, GARY A
236 N.E. 3RD ST
SATELLITE BEACH FL 32937

7. Name and Address of New Registered Agent

Name **GARY A. CASTNER**
 Street Address (P.O. Box Number is Not Acceptable)
3039 SWEET PINE DR.
 City **MELBOURNE** FL Zip Code **32935**

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 *Gary A. Castner* **GARY A. CASTNER TREASURER** **2/1/2000**
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

TITLE	D	<input type="checkbox"/> Delete
NAME	OLEJARSKI, EILEEN	
STREET ADDRESS	262 MARION ST.	
CITY-ST-ZIP	INDIAN HARBOR BCH FL 32937	
TITLE	MD	<input type="checkbox"/> Delete
NAME	SMALL, SUE	
STREET ADDRESS	414 THRUSH DR	
CITY-ST-ZIP	SATELLITE BCH FL 32937	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCGRATH, LAURA	
STREET ADDRESS	2106 IVY DRIVE	
CITY-ST-ZIP	COCOA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MEDERER, HYTA	
STREET ADDRESS	3980 TURKEY POINT DR	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FRESA, HEATHER	
STREET ADDRESS	1892 SANBAR DR	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HUDSON, DICK	
STREET ADDRESS	4784 PARKSTONE	
CITY-ST-ZIP	VIERA FL 32955	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARY A. CASTNER	
STREET ADDRESS	3039 SWEET PINE DR.	
CITY-ST-ZIP	MELBOURNE, FLA. 32935	
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		<input type="checkbox"/> Change <input type="checkbox"/> 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: *GARY A. CASTNER* **GARY A. CASTNER** **2/1/2000** **321 2548843**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #