

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2002 8:00 am
Secretary of State

01-25-2002 90018 010 ****70.00

U018123

DOCUMENT # 725645

1. Entity Name

FLORIDA WILDLIFE HOSPITAL & SANCTUARY INC.

Principal Place of Business

Mailing Address

**4560 NORTH U.S. HIGHWAY 1
 MELBOURNE FL 32935**

**4560 NORTH U.S. HIGHWAY 1
 MELBOURNE FL 32935**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7292826

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CASTNER, GARY A
 3039 SWEET PINE DR
 MELBOURNE FL 32935**

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 NAME	TD CASTNER, GARY A	<input type="checkbox"/> Delete
STREET ADDRESS	3039 SWEET PINE DR	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE NAME	MD SMALL, SUE	<input type="checkbox"/> Delete
STREET ADDRESS	414 THRUSH DR	
CITY-ST-ZIP	SATELLITE BCH FL 32937	
TITLE NAME	PD MEDERER, HYTA	<input type="checkbox"/> Delete
STREET ADDRESS	3980 TURKEY POINT DR	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE NAME	SD FRESA, HEATHER	<input type="checkbox"/> Delete
STREET ADDRESS	1892 SANBAR DR	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE NAME	VD HUDSON, DICK	<input type="checkbox"/> Delete
STREET ADDRESS	4784 PARKSTONE	
CITY-ST-ZIP	VIERA FL 32955	
TITLE NAME	D OLEJARSKI, EILEEN	<input type="checkbox"/> Delete
STREET ADDRESS	262 MARION ST.	
CITY-ST-ZIP	INDIAN HARBOR BEACH FL 32937	

TITLE NAME	D PATTI CHANDLER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3496 SPARROW CT.	
CITY-ST-ZIP	MELBOURNE, FL. 32935	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 REGISTRY CASTNER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/2002
 Date

321-254-8843
 Daytime Phone #

CRE037 (9/01)