

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765175

1. Entity Name

WILDLIFE SANCTUARY OF NORTHWEST FLORIDA INCORPOR

Principal Place of Business

Mailing Address

105 "S" STREET
PENSACOLA FL 32505

105 "S" STREET
PENSACOLA FL 32505-7928

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

59-2222303

Applied For

Not Applicable

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

KAUFMANN, DOROTHY W
105 NORTH "S" STREET
PENSACOLA FL 32505

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 D ☐ Delete

NAME UARICH, SANDRA DVM

STREET ADDRESS 105 "S" STREET

CITY-ST-ZIP PENSACOLA FL 32505

TITLE D ☐ Delete

NAME OWEN, CLIFFORD DVM

STREET ADDRESS 105 "S" STREET

CITY-ST-ZIP PENSACOLA FL 32505

TITLE ~~DT~~ DP ☐ Delete

NAME KAUFMANN, JOHN

STREET ADDRESS 105 "S" STREET

CITY-ST-ZIP PENSACOLA FL 32505

TITLE ~~DVP~~ ☐ Delete

NAME ELLIS, SYNDI DVM

STREET ADDRESS 105 "S" STREET

CITY-ST-ZIP PENSACOLA FL 32505

TITLE DS ☐ Delete

NAME JONES, MARY

STREET ADDRESS 105 "S" STREET

CITY-ST-ZIP PENSACOLA FL 32505

TITLE ~~DT~~ ☐ Delete

NAME GREENE, CLIFF

STREET ADDRESS 105 "S" STREET

CITY-ST-ZIP PENSACOLA FL

TITLE DT

NAME Edmond Case

STREET ADDRESS 105 "S" Street

CITY-ST-ZIP Pensacola FL 32505

TITLE DVP

NAME Bob Jordan

STREET ADDRESS 105 No. "S" Street

CITY-ST-ZIP Pensacola FL 32505

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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

Date

Daytime Phone #

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90010 032 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)