

DOCUMENT # N00000005624

1. Entity Name

UNIVERSAL WILDLIFE REHABILITATION FOUNDATION, IN

FILED  
Jan 16, 2001 8:00 am  
Secretary of State

01-16-2001 90104 033 \*\*\*\*61.25

Principal Place of Business Mailing Address  
C/O DOMENICK L. LIOCE. ESO. C/O DOMENICK L. LIOCE. ESO.  
1645 PALM BEACH LAKES BLVD SUITE 1200 1645 PALM BEACH LAKES BLVD SUITE 1200  
WEST PALM BEACH FL 33418 WEST PALM BEACH FL 33418



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. 13576 JONQUIL PLACE  
Suite, Apt. #, etc.

City & State City & State  
WELLINGTON FLA

4. FEI Number  Applied For  
Not Applicable

Zip Country Zip Country  
33414 USA

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

6. Name and Address of Current Registered Agent  
LIOCE, DOMENICK R.  
1645 PALM BEACH LAKES BLVD SUITE 1200  
WEST PALM BEACH FL 33418

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 *Barbara L. Perrone*  
BARBARA PERRONE - PRESIDENT 1-9-2001  
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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P PERRONE, BARBARA 13576 JONQUIL PLACE WELLINGTON, FL 33414		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, VP, T DESROCHERS, DAVID 13576 JONQUIL PLACE WELLINGTON, FL 33414		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIOCE, DOMENICK R. 1645 PALM BEACH LAKES BLVD., SUITE 1200 WEST PALM BEACH, FL 33401		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, S PERRONE, MARTIN 13576 JONQUIL PLACE WELLINGTON, FL 33414		
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: *Barbara L. Perrone* SIGNATURE REQUIRED  
1-9-2001 (561) 333-8751  
Date Daytime Phone #

00036

CR2E037 (10/00)