

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02165

1. Entity Name

TREASURE COAST WILDLIFE HOSPITAL, INC.

Principal Place of Business

2800 SE BRIDGE ROAD  
HOBE SOUND FL 33455

Mailing Address

2800 SE BRIDGE ROAD  
HOBE SOUND FL 33455-9723

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

59-2410883

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

HAUGK, JAMES  
8 PERIWINKLE CIRCLE  
STUART FL 34996

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

*James Haugk*

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 PD ☐ Delete  
NAME HAUGK, JAMES  
STREET ADDRESS 8 PERIWINKLE CIRCLE  
CITY-ST-ZIP STUART FL 34996

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☒ Delete  
NAME BRAUN, FLORETTE  
STREET ADDRESS 1306 13TH LANE  
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE S ☐ Change ☒ Addition  
NAME Ellis, Christine  
STREET ADDRESS 1649 SW College St.  
CITY-ST-ZIP Stuart, FL 34997

TITLE TD ☐ Delete  
NAME MACQUARRIE, GEORGIANNE  
STREET ADDRESS 1581 WATERFALL BLVD  
CITY-ST-ZIP PALM CITY FL 34990

TITLE TD ☒ Change ☐ Addition  
NAME MacQuarrie, Georgianne  
STREET ADDRESS 8379 SW Bent Oak Ct.  
CITY-ST-ZIP Stuart, FL 34997

TITLE VD ☒ Delete  
NAME SANDRA FOGT  
STREET ADDRESS 2572 SE LUCIE BLVD  
CITY-ST-ZIP STUART FL

TITLE VD ☐ Change ☒ Addition  
NAME Elliott, Rebecca  
STREET ADDRESS 3089 SE Limetree Terrace  
CITY-ST-ZIP Stuart, FL 34997

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*James Haugk*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/00

221-8808

Date

Daytime Phone #

CR2E037 (9/99)