

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 08:00 AM
Secretary of State

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
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number
59-2410883

Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>

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

DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent

HAUGK JAMES
8 PERIWINKLE CIRCLE

STUART FL 34996

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 _____ DATE **02/08/2001**

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	ELLIOTT REBECCA	
STREET ADDRESS	3089 SE LIMETREE TERR	
CITY-ST-ZIP	STUART FL 34997	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MACQUARRIE GEORGIANNO	
STREET ADDRESS	8379 SW BENT OAK CT	
CITY-ST-ZIP	STUART FL 34997	
TITLE	S	<input type="checkbox"/> Delete
NAME	ELLIS CHRISTINE	
STREET ADDRESS	1649 SW COLLEGE ST	
CITY-ST-ZIP	STUART FL 34997	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HAUGK JAMES	
STREET ADDRESS	8 PERIWINKLE CIRCLE	
CITY-ST-ZIP	STUART FL 34996	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACQUARRIE GEORGIANNE	
STREET ADDRESS	8379 SW BENT OAK CT	
CITY-ST-ZIP	STUART FL 34997	
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)(f), 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 PD 02/08/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)