

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02165

FILED  
Mar 27, 2003  
Secretary of State

Entity Name: TREASURE COAST WILDLIFE HOSPITAL, INC.

**Current Principal Place of Business:**

2800 SE BRIDGE ROAD  
HOBE SOUND, FL 33455

**New Principal Place of Business:**

**Current Mailing Address:**

2800 SE BRIDGE ROAD  
HOBE SOUND, FL 33455

**New Mailing Address:**

FEI Number: 59-2410883      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HAUGK, JAMES  
8 PERIWINKLE CIRCLE  
STUART, FL 34996

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HAUGK, JAMES  
Address: 8 PERIWINKLE CIRCLE  
City-St-Zip: STUART, FL 34996

Title: S ( ) Delete  
Name: ELLIS, CHRISTINE  
Address: 1649 SW COLLEGE ST  
City-St-Zip: STUART, FL 34997

Title: TD ( ) Delete  
Name: MACQUARRIE, GEORGIANNE  
Address: 8379 SW BENT OAK CT  
City-St-Zip: STUART, FL 34997

Title: VD ( ) Delete  
Name: ELLIOTT, REBECCA  
Address: 3089 SE LIMETREE TERR  
City-St-Zip: STUART, FL 34997

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: GRAVES, GEORGIANNE  
Address: 9168 SW 21ST DR.  
City-St-Zip: STUART, FL 34997

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES HAUGK

PD

03/27/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date